PO1000018375

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	⇒ #)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	OF CORPORATION: L.G. ADVANCE DELIVERY SERVICE, INC.				
DOCUMENT NUMBER:	P01000018375				
The enclosed Articles of Amenda	nent and fee are submitted for filing.				
Please return all correspondence	oncerning this matter to the following:				
	MARCO ANTONIO LECCA				
	Name of Contact Person				
L	G. ADVANCE DELIVERY SERVICE, INC.				
	Firm/ Company				
	13044 NW 8LN				
	Address				
	MIAMI, FL 33182				
	City/ State and Zip Code				
E-mail ac	ress: (to be used for future annual report notification)				
For further information concerning	g this matter, please call:				
MARCO ANTONIO	ECCA at (305) 229-6908				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the follow	ng amount made payable to the Florida Department of State:				
☑ \$35 Filing Fee ☐ \$43.75 Fil Certificate					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 11 AUG 12 PM 12: 49

L.G. ADVANCE DELIVERY SERVICE, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE

P01000018375

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co" or the name must contain the word "chartered," "pre	e designation "Corp," "Inc,"	" or "Co". A professional corporation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	<u></u>	
	<u>CE BOX</u>)	
D. <u>If amending the registered agent and/or</u> i	registered office address in	Florida, enter the name of the
D. If amending the registered agent and/or new registered agent and/or the new regi	registered office address in	Florida, enter the name of the
D. <u>If amending the registered agent and/or new registered agent and/or the new regi</u>	registered office address in	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
DIR	DAVID MONROY	4624 NW 107 AVE APT, 230 DORAL, FL 33178	☐ Add ☐ Remove
			Add Remove
			Add Remove
(antich alla	litional sheets, if necessary). (Be spe	cijic)	
provision	endment provides for an exchange, rest in the same of		

Effective date if applicable: 08/01/2011 (no more than 90 days after amendment file days)	
(no more than 90 days after amendment file d	ate)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate	groups. The following statemently on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient f	or approval
by	
(voting group)	
 The amendment(s) was/were adopted by the board of directors without sha action was not required. The amendment(s) was/were adopted by the incorporators without shareho action was not required. 	
Dated 08/08/2011 Signature	
(By a director, president or other officer – if directo selected, by an incorporator – if in the hands of a re appointed fiduciary by that fiduciary)	
MARCO ANTONIO LECO	CA
(Typed or printed name of person s	signing)
PRESIDENT	
(Title of person signing)	