POI 000047255

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MILD EXPRESS I	NC		
DOCUMENT NUMB	P01000047255			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	MANLI PINTRAND			
	MLD EXPRESS INC	Name of Contact Persor)	
	Firm/ Company			
	3911 NE 12TH DR			
	Address HOMESTEAD FL 33033			
	City/ State and Zip Code			
	MILDEXPRESS @BELLSO	UTH.NET		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
MANLI PINTRAND		at (_386	402-5389 de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State;	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Amend Divisio The Co	Address ment Section in of Corporations entre of Tallahassee S. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	of		
MLD EXPRESS INC			
(Name of Corporation as o	currently filed with the Flor	ida Dept. of State)	
P01000047255			
(Document N	umber of Corporation (if kno-	wn)	
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this <i>Florida Profit Corpo</i>	ration adopts the follow	ring amendment(s) to
A. If amending name, enter the new name of the corpora	ition:		
			The new
name must be distinguishable and contain the word "corpora "Inc.," or Co.," or the designation "Corp." "Inc." or " "chartered." "professional association," or the abbreviation	'Co". A professional corpo		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>		
			26
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
			7
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		r the name of the	: 42
Name of New Registered Agent			_
	lorida street address)		_
New Registered Office Address:	(City)	Florida(Zi	p Code)
New Registered Agent's Signature, if changing Registered	d Agent:		
I hereby accept the appointment as registered agent. I am fo		bligations of the position	t.

Signature of New Registered Agent, if changing

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer, S = Secretary; D = Director, TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer, CFO = Chief Financial Officer If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe		
\underline{X} Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	JEAN DAVID PINTRAND	3911 NE 12TH DRIVE	
Add			HOMESTEAD FL 33033	
X Remove				
2) Change	Р	MANLI PINTRAND	3911 NE 12TH DRIVE	
X Add			HOMESTEAD FL 33033	
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	•			
Add				
Remove				

C. Hamending O	r adding additional Art	icles, enter cha	nge(s) here:		
(Анаси аааню	nal sheets, if necessary).	(пе ѕресінс)			
*					
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Ţ.,					
					
. If an amendm	ent provides for an excl	hange, reclassifi	cation, or cancel	lation of issued sh	ares.
provisions for	implementing the ame	endment if not c	ontained in the a	mendment itself:	
(if not app	olicable, indicate N/A)				
	V 111				
					
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The date of each amendment(s) adoption:	if other than the
Effective date <u>if applicable</u> : (no more than 90 days after a	unendment file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of direct action was not required.	ctors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	rotes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient	for approval
by	
(voting group)	
0720/2020 Dated	
Signature	
(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a rappointed fiduciary by that fiduciary)	ors or officers have not been receiver, trustee, or other court
JEAN DAVID PINTRAND	
(Typed or printed name of person	on signing)
PRESIDENT PAGGIBENT	
(Title of person signing)	