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R. WHITE 100 29 2017 17 NOV 27 AH II: 2:

COVER LETTER

Division of Corporations
NAME OF CORPORATION: SIXTY ONE AUTO EXPIRESS, IN
DOCUMENT NUMBER: PUZUUU//15 ZO
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Pamon Reges P.A Firm/ Company 5035 Palm Ave Address Haleah F. 33012 City/ State and Zip Code 1. according 5035 a yahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Promon Perfect at (305) 822 - 0665 Name of Contact Person at (305) 822 - 0665 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

Mailing Address

TO: Amendment Section

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

FILED

,	Articles of Incorp of	oration	17 NOV 27	AH 11: 22
SIXTURNI	Anto	SYDREC	اس وزيز ز2] کي	
(Name of Corpor:	ntion as currently fil	ed with the Florida	Dept. of State)	THURST A
PP	2000121	<i>52</i> 3		
	ument Number of Co			
Pursuant to the provisions of section 607,1006, Flor its Articles of Incorporation:	ida Statutes, this <i>Flor</i>	rida Profit Corporati	on adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or th	rp," "Inc," or "Co"	. A professional co.		
B. Enter new principal office address, if applical (Principal office address <u>MUST BE A STREET AI</u>				
	-	<u> </u>		
	-			
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u> </u>			
	_			
	_		<u>_</u>	
D. If amending the registered agent and/or registered agent and/or the new registered		in Florida, enter the	e name of the	
	S CLAUD	ID F M	IRAND.	1
Name of New Registered Agem 257	-0 0	177/2 1	<u> </u>	<u>'</u>
<u> 335</u>	50 S.W. (Florida street a	ddress)	<u>ve</u>	
	RAMAR		, Florida <i>=</i>	2 2 D2G
New Registered Office Address:	(City		, Florida	(Zip Code)
	/			
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.		and accept the oblige	ations of the nosi	tion
A	M.	and accept the bonge	anons by the post	non.
	Her- Hature of New Regis	tered Agent, if chang	ing	
- /	<i>y</i>			

If amending the Officer's 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	n Doe		
X Remove	<u>V</u> <u>Mik</u>	te Jones		
X Add	<u>SV</u> <u>Sall</u>	y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) X Change	MGR	ALEXANDER	HERNMUSE	2 3662 NW 48 TEN
Add				MIMMI, F1. 3314
Remove				
2) Change Add	<u>P</u>	LUIS CLAU MIRANDA	Dio F.	3550 S.W 177 AVE MIRAMAR Fl. 33029
Remove 3) Change	VP, S	THIAGO DE	<u>54 GOH</u> EZ	3662 NW 48th TER
Add				MIAMI Pl. 33/42
4) Change		·		
Add Remove				
5) Change				
Add Remove				
6) Change		-		
Add				
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) her (Be specific)		
	 		
			
		<u> </u>	
_ _			
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or adment if not contained	<u>cancellation of issued s</u> in the amendment itself	hares,
(if not applicable, indicate N/A)			_
	 		

The date of each amendment(s) adoption: 11/22/17, idate this document was signed.	f other than the
11/22/12	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated	
(By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Luis CLAUDIO F. MIRANDA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	