P06000036911

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

SEP 2 8 2021

S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SP COURIER	CORP
DOCUMENT NUMBER: P06000036911	
The enclosed Articles of Amendment and fee as	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
FERNANDO ESPINOS.	Α
	Name of Contact Person
	Firm/ Company
6221 SW 131 COURT #	103
	Address
MIAMI FL 33183	
	City/ State and Zip Code
Aautotransport@yahoo.c	com
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	
FERNANDO ESPINOSA	at (786) 443-7638
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
\$35 Filing Fee \$35 Filing Fee Certificate of State	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

OK attached

Articles of Amendment to Articles of Incorporation of

s) 10

	Articles of Incor	poration	
	of		
SP COURIER CORP			SECRETAL AHA
(Name of Corporation	on as currently f	iled with the Florida Dept.	of State)
P06000036911			SSE SSE SSE
(Docum)	nent Number of C	Corporation (if known)	# * *
Pursuant to the provisions of section 607.1006, Florida	nent ivalided of e	orporation (it known)	FLO FLO
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this <i>Fle</i>	orida Profit Corporation add	opts the following Pendmen
A. If amending name, enter the new name of the co	orporation:		
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp." "Inc. "chartered," "professional association," or the abbre	" or "Co". A p		
B. Enter new principal office address, if applicable	e:		
(Principal office address MUST BE A STREET ADL	DRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)	<u></u>	
D. If amending the registered agent and/or register	ered office addres	ss in Florida, enter the nam	ne of the
new registered agent and/or the new registered			
Name of New Registered Agent			
Name of New Regimerea Agent			
	(Florida stree	(address)	
New Registered Office Address:		,	Florida
	(C	lity)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	I am familiar wii		of the position.
Sign	nature of New Reg	istered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u> Joh	n Doe	
X Remove		ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	DANIEL VIERA	6221 SW 131 CT UNIT 103
X Add			MIAMI FL 33183
Remove			
2) Change	AMBR	ROSA B VIERA	6221 SW 131 CT UNIT 103
Add Add			MIAMI FL 33183
Remove 3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			<u></u>
Add			
Remove			
6) Change			-
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
		····
		·
		
	<u> </u>	
		,
		
·		
provisions for implementing the ame	ange, reclassification, or cancellation of issued share ndment if not contained in the amendment itself:	<u>8,</u>
(if not applicable, indicate N/A)	-	
<u>-</u>		

•

The date of each amendment(s) adoption:	, if oth	er tha	n the
date this document was signed. 09/09/2021			
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 no document's effective date on the Department of State's records.	ot be li	sted a	is the
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sh action was not required.	areholo	ler	
☐ 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 east for the amendment(s) was/were sufficient for approval	33S - C	2021 SEP	
	>∺ ⊑m	33	
(voting group)	TARY	0	11
09/09/2021	OF STATE	14 PM 6: 1	LED
(By a director, president or other officer - if directors or officers have not been	*	ഗ	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)			
FERNANDO ESPINOSA			
(Typed or printed name of person signing)		_	
PRESIDENT			

(Title of person signing)

09/09/2021