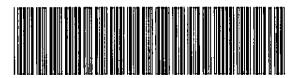
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(Re	questor's Name)	
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Amend

JUN 1 0 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ML Express Delive	ery, Inc.				
DOCUMENT NUMI			 			
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Edgard Zambrano, MBA					
		Name of Contact Persor				
	The Genesis Firm LLC					
		Firm/ Company				
	3105 NW 107th Avenue STE 400-E4					
	Address					
	Doral, Florida 33172					
		City/ State and Zip Code				
	ed@thegenesisfirmllc.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informatio	n concerning this matter, pleas	se call:				
Edgard Zambrano		786 at (476-2863			
Name of Contact Person		Area Code & Daytime Telephone Number				
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
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

Articles of Amendment to Articles of Incorporation of

ML Express Delivery, Inc.			
(Name of Corpo	ration as currently filed with the Florid	da Dept. of State)	
P06000040094			
(Do	cument Number of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Profit Corpor</i>	ation adopts the following amen	ndment(s) t
A. If amending name, enter the new name of th	e corporation:		
		The	new
name must be distinguishable and contain the word "Inc" or Co.," or the designation "Corp," "I "chartered," "professional association," or the al	nc." or "Co". A professional corpora	prated" or the abbreviation "Co	rn "
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET</u>)			<u>. </u>
		702	_
			,
C. Enter new mailing address, if applicable:		· 2	
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	٠	- ;
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			,
 If amending the registered agent and/or registered agent and/or the new register 	stered office address in Florida, enter : red office address:	the name of the	
			
Name of New Registered Agent			
 -	(Florida street address)		
	in to that since that essy		
New Registered Office Address:	(City)	Florida (Zip Code)	
	10.097	(sip cont)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: at. I am familiar with and accept the obl	igations of the position.	
Si	ignature of New Registered Agent, if char	nging	

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)

Example:

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.

<u>PT</u>	John Doe			
<u>V</u>	Mike Jones			
<u>sv</u>	Sally Smith			
<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
D	Griseida Romero	3675 NW 58th Street		
		Miami, FL 33142		
				
				
	<u>V</u> <u>SV</u> <u>Title</u>	V Mike Jones SV Sally Smith Title Name		

I an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, Indicate N/A)	mending or adding ach <i>additional sheet</i>	s, if necessary).	(Be specific)	<u>els) nei e</u> ,			
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	05/13/2020
The date of each amendment(s) adoption: date this document was signed.	, if other than
05/13/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this block doe document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as of State's records.
Adoption of Amendment(s)	CHECK ONE)
■ The amendment(s) was/were adopted by t action was not required.	ne incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by t by the shareholders was/were sufficient f	ne shareholders. The number of votes cast for the amendment(s) or approval.
☐ The amendment(s) was/were approved by must be separately provided for each votal.	the shareholders through voting groups. The following statement ng group entitled to vote separately on the amendment(s):
"The number of votes cast for the ar	nendment(s) was/were sufficient for approval
by	·
(*	oting group)
05/13/2020 Dated	
(By a director, pr selected, by an in	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court by by that fiduciary)
Edgard 2	ambrano
	(Typed or printed name of person signing)
Incorpor	Nor
	(Title of person signing)

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