# P08000104599

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#### COVER LETTER

**TO:** Amendment Section Division of Corporations

DOCUMENT NUMBER	THE TORC  ER: P0800010459	9	NC.			
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Please return all corresp	oondence concerning this ma	tter to the following:				
	GUILLERMO GA	RCIA				
_	THE TODOLLEY	Name of Contact Persor	1			
	THE TORCH EX	PRESS, INC.	·			
•	63 S PROSPECT	• -				
_		Address				
<u> </u>	MIAMI, FL. 3313	3				
		City/ State and Zip Code	ė			
GAF	RCIARGUILLERI					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
GUILLERMO	GARCIA	at ( 917	6016740			
Name of Contact Person		at (Area Co	de & Daytime Telephone 1	Vumber	-	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	· <b>.</b>		
■ \$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)		14 NOV 21 PM	The state of the s
Amer Divis P.O.	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		PH 12: 08	63 (E)		

#### Articles of Amendment to Articles of Incorporation of

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

14 NOV 21 AM 8: 10

### (Name of Corporation as currently filed with the Florida Dept. of State) P08000104599 (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 9 COCONUT LANE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) KEY BISCAYNE FL. 33149 9 COCONUT LANE C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) KEY BISCAYNE

THE TORCH EXPRESS, INC.

Name of New Registered Agent

New Registered Office Address:

New Registered Office Address:

New Registered Office Address:

New Registered Office Address:

(Circ)

MARIELA GOMEZ

9 COCONUT LANE

(Florida street address)

KEY BISCAYNE

(Circ)

(Zip Code)

FL. 33149

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

D. If amending the registered agent and/or registered office address in Florida, enter the name of the

## 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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>te Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addręs</u> s
1) Change	DPST	GUILLERMO GARCIA	63 S PROSPECT DR
Add			MIAMI, FL. 33133
Remove			
2) Change	DPST	MARIELA GOMEZ	9 COCONUT LANE
✓ Add			KEY BISCAYNE, FL. 3314
Remove			
3) Change		W-12	
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			<u></u>
Remove			

attach <i>additional sheets.</i> i	f necessary).	(Be specific)	e(s) here:		
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an amendment provide	se for an ovehar	nua raalassifiaa	tion ar concelle	tion of icensed ch	n mag
<u>rovisions for implemen</u>	ting the amend	ment if not con	tained in the an	non or issued sil. endment itself:	41 63,
(if not applicable, ind	licate N/A)				
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## SECKETARY OF STATE DIVISION OF CORPORATIONS

The date of each amendment(s) adoption:	, if other the
date this document was signed.	14 NOV 21 AM 8: 10
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CH	ECK ONE)
The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment(s) approval.
	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amen	ndment(s) was/were sufficient for approval
by	
(vot	ing group)
The amendment(s) was/were adopted by the laction was not required.	board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
Dated 11/18/2014	
Signature Tarka	Hendra
(By a director, presi	ident or other officer - if directors or officers have not been
selected, by an inco appointed fiduciary	orporator — if in the hands of a receiver, trustee, or other court by that fiduciary)
MARIEL	A GOMEZ
	(Typed or printed name of person signing)
PRESIDI	ENT
	(Title of person signing)