Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : 120040000007

: (305)640-0281

Fax Number

: (305)640-0262

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN TWIN EXPRESS CORP

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Electronic Filing Menu Corporate Filing Menu

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Help

COVER LETTER

O: Amendment Section Division of Corporation	ns						
VAME OF CORPORATI	ON: TWIN EX	(PRESS CORP	_				
DOCUMENT NUMBER:	P09000043387						
The enclosed Articles of Art	mendment and fee are su	bmitted for filing.					
Please return all correspond	lence concerning this mat	tter to the following:					
	YEN	ISLEIDY MARTI	NEZ				
	Name of Contact Person						
	TWIN EXPRESS CORP						
	Firm/ Company						
	3920 SW WYCOFF ST						
	Address						
	PORT ST LUCIE, FL, 34953						
	City/ State and Zip Code						
L	AXMYC2001@	YAHOO.COM					
_ <u></u> _		sed for future annual report	notification)				
For further information con	cerning this matter, pleas	se call:					
LAXMY CHA	CON	at (305	, 640-0281				
Name of Co	ontact Person		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	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
N. a. ele	4.4.4	Ö4	A 4.1				

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

• /	Articles of Am to Articles of Inco of		12 OC	
TWIN EXPRE			73:	T
(Name of Corporation as	currently filed with the Flo	orida Dept. of State)		-
P09000043387	•		# 6	: כ
(Documer	t Number of Corporation (if)	known)	, vo	
l'ursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the following	g amendment(s)	to
.1. If amending name, enter the new na	me of the corporation;			
			The new	
name must be distinguishable and concorp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the ai o". A professional corporation name must a .A."	hbreviotion contain the	
ii. Enter new principal office address.	if applicable:	601 S STATE RD 7 APT 1F	_	
Principal office address MUST BE A.S.		MARGATE, FL, 33068	- -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		601 S STATE RD 7 APT 1F MARGATE,FL, 33068		
. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	v registered office address; YENIEL PAULA		-	
	601 S STATE RI	D 7 # 1F		
	(Florida stree	at address)		
New Registered Office Address:	MARGATE	, Florida 33068	_	
	(City)	(Zip Code)		
L'ew Registered Agent's Signature, if c. hereby accept the appointment as registered.	ecred agent Nam familiar w	ith and accept the obligations of the position.		
S	gnafure of New Registered A	gent, if changing		

f 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:

= President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustec; 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 Doc, PT as a Change, Mike Jones, V as Remove, and Salty Smith, SV as an Add.

X Change	<u>PT</u> <u>John</u>	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>\$V Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1)Change	<u>P</u>	YENISLEIDY MARTINEZ	3920 WYCOFF ST
Add		-	PORT ST LUCIE,FL 34953
X Remove			
2)Change	P	YENIEL PAULA	601 S STATE RD 7 APT 1F
X			MARGATE, FL, 33068
Remove			
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove		•	
5) Change			
Add		,	
Remove			
6) Change			
Add			
Remove			

Attach	additional she	ng additional Art ets, if necessury).	(Be specific)			
						
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	<u></u>					
provis	si <u>ons for imp</u> le	ovides for un exe ementing the sm e, indicate N/A)	hange, reclassi endment if not	ification, or can contained in th	cellation of Issue e amendment it	ed shares, self:
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• 2	10	127	112
The date of each amendment(s) adoption:		'	
Effective date if applicable:	10	29	ys after amendment file date)
	(no more t	nan yu aa	ys after amenament file uite)
Adaption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient f		s. The nur	nber of votes east for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each vot			
"The number of votes cast for the a	mendment(s) wa	as/were su	fficient for approval
by		<u> </u>	**
	(voting group)		
The amendment(s) was/were adopted by section was not required.	the board of dir	ectors witl	hout shareholder action and shareholder
The amendment(s) was/were adopted by action was not required.			shareholder action and shareholder
Dated (O \	29/12	-	
Signature •)		_
(By a director, p	incorporator – i	f in the ha	if directors or officers have not been nds of a receiver, trustee, or other court
•	YENISL	EIDY	MARTINEZ
. 	(Typed or pr	inted nam	e of person signing)
<u></u>	Pi	RESID	DENT
	(Title of p	erson sign	ning)