P100005565

(Requestor's Name)	_		
(Address)			
(Address)	—		
(City/State/Zip/Phone #)	_		
PICK-UP WAIT MAIL			
(Business Entity Name)	_		
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

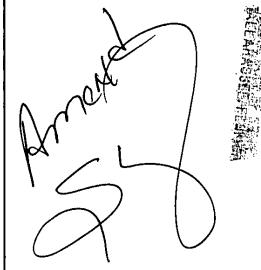
Office Use Only

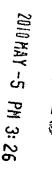
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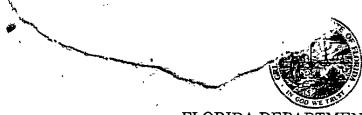


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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 29, 2010

MARIA LUISA GONSALEZ INTERNACIONAL DE ENVIOS 6313 STIRLING ROAD DAVIE, FL 33314

SUBJECT: INTERNACIONAL DE ENVIOS INC.

Ref. Number: P10000005565

We have received your document for INTERNACIONAL DE ENVIOS INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 810A00010621



COVER-LETTER

TO: Amendment Section '

Division of Corporations					
NAME OF CORPORATION: Internacional de envios (nc					
DOCUMENT NUMBER: P1000000 5565					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Haria Luisa Gonzalez Name of Contact Person					
Internacional de Envios Inc.					
6313 stirling Rd					
Davie, FL 33314 City/State and Zip Code					
internycional de envios accomenst. Aet E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Man'a h. Gonzalez at (954) 5306862 Name of Contact Person at (954) Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Calcilional copy is enclosed}\$\$ Certified Copy (Additional Copy is enclosed)\$\$ Certified Copy (Additional Copy is enclosed)\$\$					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation	
Internacional de Enviros Ire	
(Name of Corporation as currently filed with the Florida Dept. of State)	
(Name of Corporation as currently fried with the Florida Dept. of State)	
D 1000000 5565)
(Document Number of Corporation (if known)	
NHCMQCIONAL (LENGOS IN INTERPRETATION OF CONTINUAL INTERPR	
A. If amending name, enter the new name of the corporation:	
The new 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."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent:	
Traine of their Acgistered Agent.	
New Registered Office Address: (Florida street address)	
, Florida	
(City) (Zip Code)	
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	

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)

<u>Title</u>	Name	Address	Type of Action
<u>S</u>	Nidia Sarmiento	Muse, FL 33314	☐ Add ☑ Remove
			☐ Add ☐ Remove
			Add Remove
(allach addi	itional sheets, if necessary). (Be speci	fic)	
	ndment provides for an exchange, rec s for implementing the amendment if		
	applicable, indicate N/A)	not contained in the amendment	tseii:
			
			

The date of each amendment(s) adoption: 5-2-10.
Effective date if applicable: '\(\int\) (date of adoption is required) (no more than 90 days after amondment file date)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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 statemen 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)
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 5-03-10
Signature (By a director, president or 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)
Your Luisa Gonzulez. (Typed or printed name of person signing)
(Typed or printed name of person signing)
President-owner
(Title of person signing)