

PI0000008D355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

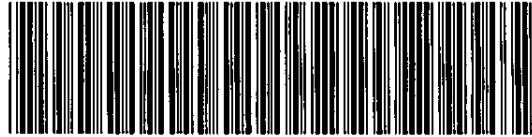
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800265492718

11/03/14--01030--008 \*\*35.00

FILED  
SECRETARY OF STATE  
14 NOV -3 AM 9:54

Amend  
@ 11.14.14

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MAXPRESS SERVICE INC  
DOCUMENT NUMBER: P10000080355

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ITALA PULIDO  
Name of Contact Person  
MAXPRESS SERVICE INC  
Firm/ Company  
540 NW 82ND PL APT 327  
Address  
MIAMI, FL 33126  
City/ State and Zip Code  
italapulido@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Itala Pulido at ( 786 ) 344-5075  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |                                                     |                                                                        |                                                                                                     |                                                                                                                            |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**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 Amendment  
to  
Articles of Incorporation  
of

**MAXPRESS SERVICE INC**

(Name of Corporation as currently filed with the Florida Dept. of State)

**P10000080355**

(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:**

**N/A**

*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 \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office 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

FILED STATE  
SECRETARY OF CORPORATION  
14 NOV -3 PM 9:54

**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                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

| Type of Action<br>(Check One)              | Title     | Name                 | Address                |
|--------------------------------------------|-----------|----------------------|------------------------|
| 1) <input type="checkbox"/> Change         | <u>VP</u> | <u>ITALA PULIDO</u>  | <u>540 NW 82ND PL</u>  |
| <input type="checkbox"/> Add               |           |                      | <u>MIAMI, FL 33126</u> |
| <input checked="" type="checkbox"/> Remove |           |                      |                        |
| 2) <input type="checkbox"/> Change         | <u>VP</u> | <u>JOSE MENDIETA</u> | <u>540 NW 82ND PL</u>  |
| <input checked="" type="checkbox"/> Add    |           |                      | <u>MIAMI, FL 33126</u> |
| <input type="checkbox"/> Remove            |           |                      |                        |
| 3) <input type="checkbox"/> Change         |           |                      |                        |
| <input type="checkbox"/> Add               |           |                      |                        |
| <input type="checkbox"/> Remove            |           |                      |                        |
| 4) <input type="checkbox"/> Change         |           |                      |                        |
| <input type="checkbox"/> Add               |           |                      |                        |
| <input type="checkbox"/> Remove            |           |                      |                        |
| 5) <input type="checkbox"/> Change         |           |                      |                        |
| <input type="checkbox"/> Add               |           |                      |                        |
| <input type="checkbox"/> Remove            |           |                      |                        |
| 6) <input type="checkbox"/> Change         |           |                      |                        |
| <input type="checkbox"/> Add               |           |                      |                        |
| <input type="checkbox"/> Remove            |           |                      |                        |

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach *additional sheets, if necessary*). (Be specific)

[illegible]

**F. If 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)

N/A

---

---

---

---

---

---

The date of each amendment(s) adoption: OCT 29, 2014, if other than the date this document was signed.

Effective date if applicable: OCT 29, 2014  
(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 statement 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 10/29/14

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)

ITALA PULIDO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)