## P10000081775

(Re	equestor's Name)	1
(Ad	ldress)	
(Ad	idress)	
(Ci	ty/State/Zip/Phon	ne #)
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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: ERVIPACK IN C  DOCUMENT NUMBER: P10000081775
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GISELA DI LUZIO
SERVIEXPRESS WA INC
4831 NW 72 ND Stalle
MIAMI FL 33166
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GISCLA DI LUZIO al 305, 431-8808
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:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation

S-01-20 C 1 1 1 1 0	
<u>CERVITACK INC</u>	
(Name of Corporation as currently filed with the Flor	rida Dept. of State)
<u> </u>	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
SERVIEXPRESS USA INC	The way
name must be distinguishable and contain the word "corporation,"	The new " "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co	o". A professional corporation name must contain the
word "chartered," "professional association," or the abbreviation "P	1021 WI 77ND AVENUE
B. Enter new principal office address, if applicable:	4831 NW 72 DVENUE
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	MIAMI 12 33166
C. Enter new mailing address, if applicable:	Sala
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent DISTLA	11 LUZIO 8
4831 NW 72	OB AVENUE
(Florida street	address)
New Registered Office Address: MI AMI	. Florida 33166
(C <sup>1</sup> ty)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent.  Jamiliar with	h and accent the obligations of the position
	. The transport of the promote
Sign New Registered Age	ant if changing
Signature at the Registered Age	ли, у спинуту

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>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PRESIDENT	RAVL POMPONIO	4831 NW 72 AV=
Add			MAMI TE 33166
2) Change	PRELIDENT	GISEIA DI LUZIO	4831 NW 72" LVANUE
X Add			MIAMI 92 33166
Remove			
3) Change	<del></del>		
Add			•
4) Change	<del></del>		
Add			
5) Change			
Add			·
Remove			
6) Change			
Add			
Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)	
NA		
1		
<del></del>	<del></del>	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
rovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(i) not applicable, malcule WA)		
NA		
	·	

The date of each amendment(s) adoption: $05/10/20/3$		
Effective date if applicable: 05/10/2013		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast i	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 0.5/10/13	<del>111</del>	
Signature 🔏		
	by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	RAUL POMPONIO	
	(Typed or printed name of person signing)	
_	PRESIDENT	
	(Title of person signing)	