## P10000099870

(Requ	estor's Name)	_
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C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BULLET 1 BER: P100000998	EXPRESS CC 870	ORP		
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corre	spondence concerning this mat	tter to the following:			
	JENNY MEDIN	1A			
	Name of Contact Person THE ELITE CARRIER SERVICES OF MIAMI				
	Firm/ Company 11790 NW SOUTH RIVER DR				
	MEDLEY, FL 33178				
		City/ State and Zip Code	;		
ym	edina@elitecso	om.com sed for future annual report	notification)		
For further information concerning this matter, please call:					
JENNY ME	DINA	at (305	<sub>_)</sub> 405-2600		
Name	of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	rtment 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)		
Ame Divi P.O	endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

## Articles of Amendment to Articles of Incorporation

	of			7	45.47° 34
BULLET EXPRESS	CORP			3.70	H H G TOTAL
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)	¥. ·	Ö	β. - Σ <mark>*</mark> *1
P10000099870			4	No.	3
(Documen	at Number of Corporation (if I	(nown)		==	1362
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	orida Profit Corporation add	pts the following	g amen	dment(s) to
A. If amending name, enter the new na	me of the corporation:				
				_The	new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa-	ation "Corp," "Inc," or "Co	o". A professional corporat			
B. Enter new principal office address,		4427 GOLDEN GATE PK	WY APT H		
(Principal office address MUST BE A S		NAPLES FL 3	4116		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4427 GOLDEN GATE PK	WY APT H		
		NAPLES FL 3	4116		
				-	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name	of the		
Name of New Registered Agent	VLADIMIR CASAS	3			
	4427 GOLDEN GATE	PKWY APT H			
	(Florida stree	t address)			
New Registered Office Address:	NAPLES	, Florida_	<u> 34116</u>	_	
	(City)	• *	(Zip Code)		
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		. •	of the position.		
	,	yorra			

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 <math>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>	John Doe		
X Remove	<u>V</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	Р	RAMON MORALES	21995 SW 182 AVE	
Add			MIAMI FL 33170	
Remove		•		
2) Change	Р	VLADIMIR CASAS	4427 GOLDEN GATE	
Add			PKWY APT H	
Remove			NAPLES FL 34116	
3) Change				
Add	<u> </u>			
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
		,
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(if not applicable, maleute way)		
		•
	<del></del>	
• • • • • • • • • • • • • • • • • • • •		

The date of each amendment(s) adoption: 11/17/2014	_, if other than the
date this document was signed.	
Effective date if applicable: 11/17/2014	_
(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 east for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(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 11/17/2014	
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)	_
VLADIMIR CASAS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	