ge 1 of 1 Department of State

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN TORNADO EXPRESS CORP

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION:	TORNADO EXPRESS	CORP	
DOCUMENT NUM	CUMENT NUMBER: P11000023772			
The enclosed Article	s of Amendment and fee a	re submitted for filing.		
Please return all corre	espondence concerning thi	s matter to the following:		
		THALIE MENDOZA		
	N	ame of Contact Person		
_	TORNA	ADO EXPRESS CORP	····	
Firm/ Company				
7731 INDIAN RIDGE TRAIL NORTH				
		Address		
		SIMMEE, FL, 34747		
	ÇI	ty/ State and Zip Code		
NATHALIEMENDOZA001@GMAIL.COM  E-mail address: (to be used for future annual report notification)				
For further information	on concerning this matter,	please call:		
LAX	MY CHACON	at (305)	640-0281	
Name of	Contact Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for	or the following amount m	ade payable to the Florida De	partment of State:	
☑ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclose	S52,50 Filing Pee Certificate of Status  d) Certified Copy (Additional Copy 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 C		

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation

# **TORNADO EXPRESS CORP**

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

## P11000023772

(Document Number of Corporation (if known)

llowing

. If amending name, enter the new name	of the corporation:	
ame must he distinguishable and contain hbreviation "Corp" "Inc" or Co.," or to come must contain the word "chartered," "pi	he designation "Corp," "Inc	c," or "Cu". A professional corpora
Enter new principal office address, if an Principal office address <u>MUST BE A STRE</u>	oplicable: ETADDRESS)	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
If amanding the maistered agent and for	registered office address i	n Florida, enter the name of the
new registered agent and/or the new reg	<u>ustereu omee auuress:</u>	
new registered agent and/or the new registered Agent:	distered office augress:	
new registered agent and/or the new reg	(Florida street a	ddress)
new registered agent and/or the new reg		ddress), Florida (Zip Code)

Mamending 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 addition	al sheets, if necessary)				
				_	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	P NATHALIE MEN	DOZA 7731 INDIAN RIDGE TRA KISSIMMEE, FL. 34747	
<u>P</u>	HECTOR R. CHI	NEA 7731 INDIAN RIDGE TRA KISSIMMEE, FL, 34747	ALN
			Add Remove
	amending or adding addition ach additional sheets, if necess	al Articles, enter change(s) hore: sary). (Be specific)	
F. <u>II</u>	an amendment provides for rovisions for implementing the (if not applicable, indicate N.	an exchange, reclassification, or cancellation amendment if not contained in the amend	of issued shares, ment itself:

The date of each amondmen	t(a) adoption: 05	5/20/2011	
Effective date if applicable:	05/20/2011	(date of adoption is required)	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CH	ECK ONE)	
The proceedings (s) was/we by the sharoholders was/w		shareholders. The number of votes cast for the amendment(s)	
		e charcholders through voting groups. The fishwang statemen group entitled to vote separately on the amendment(s):	
		dment(s) was/were sufficient for approval	
by	(voting group)	."	
	tome Brown		
[Z] The amondment(s) was/we not required.	re adopted by the	board of directors without shareholder action and shareholder	
The amendment(s) was/well action was not required.	re adopted by the	incorporates without standard rectangual and shareholder	
Dated_05/2	0/2011	<del>/</del>	
Signature 1	- Hoack		
(By solo	a directed, preside	ork of other officer — if directors or officers have not been writter — if in the hands of a receiver, trustee, or other court y that fiduciary)	
		NATHALIE MENDOZA	
	(Тур	od or printed name of person signing)	
		PRESIDENT	
	(Title of	person signing)	