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COVER LETTER

TO: Amendment Section Division of Corporations

,

NAME OF CORPOR	ATION: KISSIMMEE EXP	PRESSWAY MOTORS, IN	IC			
DOCUMENT NUME						
	of Amendment and fee are so	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	JUAN CARLOS HENAO					
•		Name of Contact Person	n			
	KISSIMMEE EXPRESWAY MOTORS INC					
		Firm/ Company	<u> </u>			
	2802 N ORANGE BLOSSO	MTRAIL				
		Address				
	KISSIMMEE, FL 34741					
•		City/ State and Zip Cod	e e			
kissım	eeemotors@vahoo.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call: at (at_(483-5807			
Name o	f Contact Person	ac (Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made					
S35 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 Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, 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

KISSIMMEE EXPRESWAY MOTORS, INC	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P12000007442	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corp	oration;
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRI</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	111 1 1
(Maning daily 8) (Maning daily 100 (Maning daily	
	<u></u>
	52 ————————————————————————————————————
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(Civ) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. Tac	ered Agent: m familiar with and accept the obligations of the position.
Signatu	re 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)

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.

X Change	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
<u>X</u> Add	<u>SV</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	CO	MORA GALBIS, RAMON D	3193 TAMARIND CIR			
XAdd			KISSIMMEE FL 34747			
Remove						
2) Change						
Add						
Remove						
3.) Change						
Add			-			
Remove						
4) Change						
Add						
Remove						
51 Change		_				
Add						
Remove						
6) Change						
Add						
Remove						

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
ARTICLE IV: THE NUMBERS OF SHARES SHOULD BE DISTRIBUTED AS FOLLOWS:
Beatriz E Velasquez 999 Shares- President
Ramon D Mora Galbis 1 Share - Corporate Officer
V. If an amondment provide for an explanation of the state of the stat
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)

11/29/2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	will not be listed as the
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.	
11/29/2018 Dated	
Signature Bealis & Velassee	
(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)	
Beatriz E Velasquez	
(Typed or printed name of person signing)	
President	
(Title of person signing)	