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Amend

JUL 3 1 2014 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GFW EXPRESS INC DOCUMENT NUMBER: P12000101564	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of Amendment and fee are submitted for filing.				
The cholosed Afficies of Amerianent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
ALICIA K MUSA				
OFW EXPRESS INC	erson			
Firm/ Company 23734 SW 108 CT	y			
Address				
HOMESTEAD, FL 33032				
City/ State and Zip	Code			
ALICIA@MUSASACCOUNTINGS	ERVICES COM			
E-mail address: (to be used for future annual re				
,				
For further information concerning this matter, please call:				
ALICIA K MUSA	, 433-7140			
Name of Contact Person Are	a 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 □\$43.75 Filing Fee & □\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status			
Mailing Address Street Address				
-	Amendment Section			
	Division of Corporations			
	Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to



14 JUL 16 MIII: 17

Articles of Incorporation GFW EXPRESS INC.

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
P12000101564		
(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendmen	it(s) to
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P	Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	23734 SW 108 CT	
(Principal office address MUST BE A STREET ADDRESS)	HOMESTEAD, FL 33032	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	23734 SW 108 CT	
	HOMESTEAD, FL 33032	
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent ALICIA K MUSA		
23734 SW 108 C	CT	
(Florida stree		
New Registered Office Address: HOMESTEAD		
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the standard of New Paris agent 16	ith and accept the obligations of the position.	

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	GRISELDA RODRIGUEZ	Z 25621 SW 132ND AVE
Add			PRINCETON,FL 33032
Remove			
2) Change	Р	ALICIA K MUSA	23734 SW 108 CT
✓ ∧dd			HOMESTEAD,FL 33032
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
 1			
Add			
Remove			

ch additional sheets, if necessary).	rticles, enter change(s) here:). (Be specific)
	<i></i>
	
	
	<u>/</u>
	· · · · · · · · · · · · · · · · · · ·
<u>ramendment provides for an exp</u> ositions for implementing the an	schange, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
	/
	

The date of each amendment(s) adoption: 07/11/2014	, if other than the
date this document was signed.	
Effective date if applicable: 07/11/2014	
(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"	
(voling 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 07/11/2014	
Signature Quelical.	
(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)	
ALICIA K MUSA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	