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R. WHITE

COVER LETTER

Division of Corporations NAME OF CORPORATION: Avmaxx Express, Inc. DOCUMENT NUMBER: P14000011250 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Joan M. Wallis Name of Contact Person Wallis & Wallis, P.A. Firm/ Company 1937 E. Atlantic Blvd., Ste 104 Address Pompano Beach, FL 33060 City/ State and Zip Code joan@wallisandwallis.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Joan M. Wallis Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

14 J# 10 MH: 07

Avmaxx Express, Inc.			Market Commencer
\ <u></u>	s currently filed with the F	lorida Dept. of State)	the same of the same of
P14000011250			ν
(Docume	nt Number of Corporation (i	fknown)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this a	Florida Profit Corporati	ion adopts the following amendmen
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associa	nation "Corp." "Inc." or "	Co". A professional co	corporated" or the abbreviation rporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		2775 Burris	Road
		Davie, FL 33	3314
C. Enter navy mailing address if annual	lianhlaí	0775 0	D. a.d.
C. Enter new mailing address, if app (Mailing address MAY BE A POST		2775 Burris	Road
		Davie FL 33	314
			
			·
D. If amending the registered agent a new registered agent and/or the no			e name of the
Name of New Registered Agent	loffroy Hoch	-	
	2775 Burris Rd.		
	(Florida str	eet address)	
	Davie		orida 33314
New Registered Office Address	Buvic	. Fl	orida OOOTT

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. Lum familiar with and accept the obligations of the position.

Signature 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove		Mike Jones	
X Add		Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D/VP	Jeffrey Hoch	2775 Burris Road
Add			Davie, FL 33314
Remove			
2) Change	D/T	Enrique Urra	2775 Burris Road
Add			Davie, FL 33314
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			***
Remove			

L. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) Amend Article IV in its entirety to read as follows:				
. 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)				

The date of each amendment(s) adop	otion: February 5th 2014	, if other than the
date this document was signed.		
Effective date if applicable:	<u> </u>	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopte by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ich 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)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated 06/13/201	4	
Cia annual and an		
selected.	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if iduciary by that fiduciary)	_
الى	effrey Hoch	
-	(Typed or printed name of person signing)	
V	ice President	
	(Title of person signing)	