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MAY 24 2017

R. WHITE

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: YLC EXPRESS INC P14000020420 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALBA E VIVAR Name of Contact Person MIAMI DISPATCH & CARRIER SERVICES Firm/ Company 8040 NW 95TH ST STE 106 Address HIALEAH GARDENS, FL 33016 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 822-0255

Area Code & Daytime Telephone Number ALBA E VIVAR 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 & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status, Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

YLC EXPRESS INC

17 MAY 18 PM 5: 14

	ILC EAFF	CESS INC
(<u>Name</u>	of Corporation as current	ly filed with the Florida Dept. of State)
	P14000020	420
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
		The new
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address,	if annlicable:	2607 NE 41ST RD
(Principal office address MUST BE A STREET ADDRESS)		HOMESTEAD, FL 33033
C. Enter new mailing address, if appl		2607 NE 41ST RD
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		HOMESTEAD, FL 33033
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent	LAIMA S CRUZ	
rame of New Yogisterea rigent	2607 NE 41ST RD	
	(Florida st	reet address)
New Registered Office Address:	HOMESTEAD	. Florida 33033
New Negisierea Office Address.		(City) (Zip Code)
New Registered Agent's Signature, if c		
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligations of the position.
	Signature of New	Registered Agent, if changing
	orname of New 1	AEYIMEIBU AYENI. II CHUNYINY

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>	<u>John Doe</u>	
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	P	LEMAY COLLAZO	11115 W OKEECHOBEE RD
Add			UNIT 171
X Remove			HIALEAH, FL 33018
2) Change	P	LAIMA S CRUZ	2607 NE 41ST RD
X Add			HOMESTEAD, FL 33033
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove		•	

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	,
·	
an amendment provides for an exchorovisions for implementing the amero (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

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 dat document's effective date on the Department of State's records.	te 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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast 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 shareholde action was not required.	г
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
05/09/2017	
Dated	
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 cour appointed fiduciary by that fiduciary)	t
LEMAY COLLAZO	
(Typed or printed name of person signing)	***************************************
PRESIDENT	
(Title of person signing)	