Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : LAXMY'S CARRIER SERVICES

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COR AMND/RESTATE/CORRECT OR O/D RESIGN AMERICAN X-PRESS TRANSPORT ALLIANCE CORP

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Corporate Filing Menu

Help

COVER LETTER

Ot Amendment Section	
Division of Corporations	

Division of Corporations	,		
NAME OF CORPORATION:	AMERICAN X-PRESS TRANSPORT ALLIANCE CORP		
POCUMENT NUMBER:	P14000056947		
The enclosed Articles of Amenda	nent and fee are submitted for filing.		
Please return all correspondence	concerning this matter to the following:		
	MIRIAM ESPINOSA		
	Name of Contact Person		
AME	AMERICAN X-PRESS TRANSPORT ALLIANCE CORP		
	Firm/ Company		
1111	7 W OKEECHOBEE RD STE 110		
 -	Address		
HIAL	EAH GARDENS, FL, 33018		
	City/ State and Zip Code		
LAXI	MYC2001@YAHOO.COM		
E-ma	l address: (to be used for future annual report notification)		
For further information concerning	g this matter, please call:		

LAXMY CHACON			_{at (} 305	, 640-0281
,	Name of Contact Person		Area Co	de & Daytime Telephone Number
En	closed is a check for	the following amount made	payable to the Florida Depa	artment of State:
Ci)	\$35 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)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

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

Articles of Amendment Articles of Incorporation

of AMERICAN X-PRESS TRANSPORT ALLIANCE CORP

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

00056947		Jan Car
r of Corporation (if known)	-	703
rida Statutes, this <i>Florida Pr</i> e	ofit Corporation ad	opts the following amend
corporation:		
		The n
vord "corporation," "comporp," "Inc," or "Co". A pr the abbreviation "P.A."	any " or "incorpor ofessional corporat	rated" or the abbreviati tion name must contain t
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DDRESS)		
		
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/Fit-ut-de-ut-us-d-t		
(FIOTIAL SIFEET AGAINSSS)		
(City)	, Florida	(Zip Code)
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Legistered Agent:	amerika aktisasis -	n fek n manleka-
. I am jamutar with and acc	epi ine obligations	oj ine posicion.
Non Braintand 4 16-1-		
	rida Statutes, this Florida Price Corporation: e corporation: vord "corporation," "compore," "Inc," or "Co". A price abbreviation "P.A." ble: DDRESS) Recy (Florida street address) (City) Registered Agent: 1 am familiar with and according to the price address and according to the price address.	rida Statutes, this Florida Profit Corporation added and the corporation: corporation: vord "corporation," "company," or "incorporation," "Inc," or "Co". A professional corporation abbreviation "P.A." ble: DDRESS) ROX) Reced office address in Florida, enter the named office address: (Florida street address) Florida. (City)

If amonding 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	GUISSEPPE G. MUSSO	5780 LAKESIDE DR.
Add			APT 902,
Remove			MARGATE,FL, 33063
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5,) Change		_	
Add			
Remove			
δ) Change			
Add	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Remove			

The date of each amendment(s) adoption:	12/17/14	, if other than the
date this document was signed.		
Effective date if applicable:	12/17/14	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (5	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes east for the amendment(s) or approval.	
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ar	nendment(s) was/were sufficient for approval	
by		
•	(voting group)	
The amendment(s) was/were adopted by t action was not required.	he board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by to action was not required.	he incorporators without shareholder action and shareholder	
Dated 12/17/2014		
Signature		
(By a director, p	es dent or other officer - if directors or officers have not been	
	hydroporator — if in the hands of a receiver, trustee, or other court ary by that fiduciary)	
	MIRIAM ESPINOSA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	_