## P14000062342

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04/29/19--01025--035 \*\*35.00

Amend

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: MAMICO EXPRE	SS INC	
DOCUMENT NUMBE	P14000062342		
The enclosed Articles of	Amendment and fee are sub	omitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
		OLIVERA PRIMEAU	
_		Name of Contact Person	
		MAMICO EXPRESS IN	С
_		Firm/ Company	
		10215 NW 81st STREET	
_		Address	
		TAMARAC, FLORIDA	33321
_		City/ State and Zip Code	
		OLH22@ATT.NET	
	E-mail address; (to be us	sed for future annual report	notification)
For further information of OLIVERA PRIMEAU	concerning this matter, pleas	754	224-0256
Name of Contact Person		at (Area Co	)
	the following amount made		·
■ \$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 Tallahassee, FL 32314		Amenc Divisio Cliftor 2661 E	Address  Iment Section on of Corporations i Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## MAMICO EXPRESS INC

(Name of Corporation as currently fil	ed with the Florida Dept. of State)		
P1400006234			
(Document Number of Co	rporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the follow	ving amendm	ent(s)
A. If amending name, enter the new name of the corporation:			
<del></del>		The ne	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P A	". A professional corporation nume mi	e abbreviatio ist contain th	n e
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
·	>-	201	
			• !
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		(A)	,
(Matting address MAT BE A FOST OF FICE BOX)		<u>.</u>	' ' 
		9	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the	့် တ	
Name of New Registered Agent			
(Florida street	nddressi		
New Registered Office Address:	, Florida	Zip Codei	-
a.	, iti	хір Є.оас <i>і</i>	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the positi	on.	
Simultary of Mare Roa	istered 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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	Title	Name	<u>Addres</u> s
(Check One)	VP	MARCO VUCICEVIC	10215 NW 81st STREET
1) Change	<del></del>		TAMARAC, FLORIDA
Add X Remove			33321
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

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)	
provisions for implementing the amendment if not contained in the amendment itself:	
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provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	

The date of each amendment(s) as date this document was signed.	option:	, if other than the
Effective date if applicable:	(no more than 90 days after ame	
	(no more than 90 days after amer	idment file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory fil partment of State's records.	ing requirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes flicient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting group each voting group entitled to vote separately o	os. The following statement n (he amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for a	proval
by	ivoting group)	.v.
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without sharehel	der action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder	action and shareholder
Dated 4	25/2019 Thuin Pemeiar	
Signature	Hillar / emeler	
selecte	irector, president or other officer – if directors d, by an incorporator – if in the hands of a rece ted fiduciary by that fiduciary)	
	OLIVERA PRIMEAU	
	(Typed or printed name of person s	igning)
	PRESIDENT	
	(Title of person signing	)