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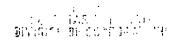
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ando Deliivery Services INC		
DOCUMENT NUMBER:	5000025631		
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning the	nis matter to the following:		
(Wando Chavez		
	Name of Contact Person		
	Flando Delivery Services inc		
27	Firm/Company 40 W 62 St apt # 105 Address		
Highan PC 53016			
	City/ State and Zip Code		
E-mail address: (to	+ 1128 Q hothail. Com be used for future annual report notification)		
For further information concerning this matter	. please call:		
Orlando Chavez	at (786) 523 - 4484 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount	made payable to the Florida Department of State:		
\$35 Filing Fee State of State \$35 Filing Fee Certificate of State \$43.75 Filing Fee Certificate \$43.75 Filing Fee Ce			
Mailing Address	Street Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



15 JUN -2 PM 1: 15

Orlando Delivery Se	ervices INC
	filed with the Florida Dept. of State)
P15001	0025631
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	dorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation,	ervice Inc 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.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address	2740 W 62 St apt #105 Hialeah Gardens FC 33016 ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	N A
Name of New Registered Agent	<u> </u>
(Florida stree	t address)
New Registered Office Address:	. Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar win	NIA
Signature of New Res	gistered 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	() N	
X Add	<u>sv</u>	Sally Smith	NA	
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				1, 50
6) Change				
Add				
Remove				



(Attach additional sho	eets, if necessary). (Be	e specific)		
please ac	ld FEW #	‡ <i>47-3447</i>	354	
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		 		•
				
 If an amendment provisions for imp 	rovides for an exchange lementing the amendma	e, reclassification, or cand ent if not contained in th	<u>:ellation of issued share</u> e amendment itself:	<u>s.</u>
(if not applicab	le, indicate N/A)			
		NIA		
		· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption	:	, if other than the
date this document was signed.		A STATE OF THE STA
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	15 JUN -2 PM 1: 15
Note: If the date inserted in this block do document's effective date on the Department	bes not meet the applicable statutory filing requirements, that of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendation approval.	nent(s)
	by the shareholders through voting groups. The following stationary of the amendment (s):	
"The number of votes east for the a	amendment(s) was/were sufficient for approval	
by:	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and share	holder
action was not required.	the incorporators without shareholder action and shareholder	er
Dated	10/18	
	president or other officer – if directors or officers have not	
selected, by an	president or other officer – if directors or officers have not to i incorporator – if in the hands of a receiver, trustee, or other ciary by that fiduciary)	
	Orlando Chavez	
	(Typed or printed name of person signing)	
'. •	President	
	(Title of person signing)	