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DIVISION OF COMPONITION

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**C LEWIS** 

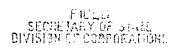
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MSDS EXPR	ESS, INC.				
DOCUMENT NUMBER: P15000057647					
The enclosed Articles of Amendment and fee a	re submitted for filing.				
Please return all correspondence concerning thi	s matter to the following:				
BENMERGUI, ISAAC					
	Name of Contact Person	1			
	Firm/ Company				
1150 KANE CONCOUI	RSE, Second Floor				
	Address				
BAY HARBOR ISLAN	· · · · · · · · · · · · · · · · · · ·				
	City/ State and Zip Code	2			
gaonlaw@gmail.com					
E-mail address: (to	be used for future annual report	notification)			
For further information concerning this matter,	please call:				
Isaac Benmergui	at (	3978547			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount m	ade payable to the Florida Depa	rrtment of State:			
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State		□\$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	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



MSDS EXPRESS, INC.				15 OCT 16 PM 3: 5
(Name of Corpor	ration as currently	filed with the F	lorida Dept. of Sta	
P15000057647				
(Do	cument Number of	Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this F	lorida Profit Co	<i>rporation</i> adopts th	e following amendment(s) to
A. If amending name, enter the new name of the	e corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp," "Inc," or "C	lo". A professio		
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>	<u>ible:</u> IDDRESS )	<del></del>		<del></del>
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )			
				<del> </del>
D. If amending the registered agent and/or reginew registered agent and/or the new register		ss in Florida, en	iter the name of th	<u></u>
Name of New Registered Agent				
	(Florida stree	et address)		
New Registered Office Address:			, Florid	a
	(0	City)	, 1 10110	(Zip Code)
Nov. Paristand Amenta Simulation if the site 1	D!			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	<u>kegistered Agent:</u> 11.     I am familiar wi	th and accept the	e obligations of the	position.
	•	•	- ,	-
	Signature of New Res	aistored Agent is	f 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	PT Joh	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	S	DASILVA, RODRIGO P	20533 BISCAYNE BOULEVARD
Add			248
X Remove			AVENTURA, FL 33180
2) Change	D	DASILVA, RODRIGO P	20533 BISCAYNE BOULEVARD
X Add			248
Remove			AVENTURA, FL 33180
3 ) Change			
Add			
Remove		·	
4) Change		<del> </del>	
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

(Atta	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)
. <u>If a</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)

The date of each amendment(s) a	doption:	congress diffeother, than the
date this document was signed.		DIVISION OF CORPORATIONS
Effective date if applicable:	(no more than 90 days after amendment file date)	<u> 15 0CT 16 PM 3</u> : 55
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, partment of State's records	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amen afficient for approval.	dment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were addraction was not required.	opted by the board of directors without shareholder action and sha	ireholder
☐ The amendment(s) was/were addaction was not required.	opted by the incorporators without shareholder action and shareholder	ılder .
09/08/201. Dated Signature	Manhall	
(Ву а с	firector, president or other officer - if directors or officers have no	
	ed, by an incorporater – if in the hands of a receiver, trustee, or othe ned fiduciary by that fiduciary)	ner court
	Moshe Sabo	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	