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OCT 11 2016

R. White



COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	RATION: MOREL FRIAS EX	KPRESS, INC.	ALC STREET,	
DOCUMENT NUM	BER: P16000006294			
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		
Please return all corre	espondence concerning this mat	ter to the following:		
	MARINO FRIAS			
		Name of Contact Person	· · · · · · · · · · · · · · · · · · ·	
	Firm/ Company			
	2624 SILKWOOD CIR APT	611		
	Address			
	ORLANDO, FL 32818			
	***	City/ State and Zip Code		
	E-mail address: (to be us	ed for future annual report	notification)	
	2			
For further information	on concerning this matter, pleas	e call:		
MARINO FRIAS		at (407	269-4639 de & Daytime Telephone Number	
Name	of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An	niling Address nendment Section vision of Corporations	Amend	Address ment Section n of Corporations	
P.C	D. Box 6327 Ilahassee, FL 32314	Clifton	Building xecutive Center Circle	

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of



16 OCT -7 AH 9: 45

MOREL FRIAS EXPRESS, INC.

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)	
P16000006294		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida 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 "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	2624 SILKWOOD CIR APT 611	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32818	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2624 SILKWOOD CIR APT 611	
	ORLANDO, FL 32818	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address		
Name of New Registered Agent ISABEL MOREL		
2624 SILKWOOD CIR	APT 611	
(Florida	street address)	
ORLANDO New Registered Office Address:	, Florida 32818	
The Hogister bu Office Huaress.	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt: or with and accept the obligations of the position.	
x Jacks O Ma	Registered 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 (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	MARINO FRIAS	2624 SILKWOOD CIR APT 611
Add			ORLANDO, FL 32818
Remove			
2) Change	VP	JOSE E MOREL	7760 DUCKHORN CT
Add	-		ORLANDO, FL 32818
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			(
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
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		-	· · · · · · · · · · · · · · · · · · ·
			·
lf an amendment provides for an exch	ange reclassification or can	cellation of issued shares	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in th	e amendment itself:	
(tj not applicante, indicate WA)			
	.		
			

The date of each amendment(s) as	doption:	, 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 bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this epartment of State's records.	s 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 amendmentficient for approval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	:
10/04/2016 Dated	<u> </u>	
(By a c	many lives or officer - if directors or officers have not be	
	d, by an incorporator – if in the hands of a receiver, trustee, or other of the fiduciary by that fiduciary)	court
	MARINO FRIAS	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	