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COVER LETTER

TO: Amendment Section Division of Corporations

3€

NAME OF CORPORA	ATION: Aldebo	aran Expres	ss INC
DOCUMENT NUMBI	D.	16000017813	
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this mat	-	
	Cri	Name of Contact Person baran Epper Firm/ Company 11 Key apt - Address	s
_		Name of Contact Person	1
_	Alde	baran Exper	iss INC
	_	Firm/ Company	
_	901 Bricke	11 Key apt =	2 04
		Address	3 - 4 - 4
_	F	City/ State and Zip Cod	33131
		City/ State and Zip Cod	e
	46/05010	sorpa gmail.	CAM
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Cris	tian Casas	617	755-5343
· · · · · · · · · · · · · · · · · · ·	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fce	□\$43.75 Filing Fcc & 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)
	ing Address adment Section		Address Iment Section

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

Articles of Incorporation

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

Signature of New 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: XChange	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	VP Valeria Casas	901 Brickell Key upt 24
_ X _Add		901 Brickell Key apt 204 Hiami, Fl 33131
Remove		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		4 21111 14 11111
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	ng additional Art ets, if necessary).	(Be specific)				
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i an amendment pr provisions for impl	<u>ovides for an exc</u>	nange, reclassili	cation, or cance	<u>llation of issued</u> amandment itse	snares,	
(if not applicable	e, indicate N/A)	chament it not c	omanica in the	<u> </u>	<u> </u>	
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The date of each amendment(s) adoption:	, if other than
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 block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	l not be listed as
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	16 Sevice
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	新期 21 6 HR 21
Dated	10000000000000000000000000000000000000
Signature Natural	بين آن س
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	— <i>o</i>
Valeria Casas	
(Typed or printed name of person signing)	
Vice President	
(Title of person signing)	

the

the