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## **COVER LETTER**

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TO: Amendment Section!!
Division of Corporations

NAME OF CORPO	RATION: NOLASCO DELI	VERY SYSTEMS, INC		
DOCUMENT NUM	P16000082294			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	RICARDO NOLASCO			
		Name of Contact Person	n	
	NOLASCO DELIVERY SY	STEMS, INC		
		Firm/ Company		
	6057 EAST SR.60			
		Address	4 <del>.0</del>	
	PLANT CITY-FLORIDA 3	3567		
		City/ State and Zip Cod	e	
nolas	scodeliverysystems@gmail.co	m		
		sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
RICARDO NOLASO	co	at (	de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 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		Street Address		
	endment Section ision of Corporations	Amendment Section Division of Corporations		
	. Box 6327		Building	
	lahassee, FL 32314		Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

NOLASCO DELIVERY SYSTEMS, INC.

NOLASCO DELIVERY STSTEMS, INC	
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P16000082294	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	ant.
name must be distinguishable and contain the word "corporation "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:	6057 E SR.60
(Principal office address MUST BE A STREET ADDRESS)	PLANT CITY- FLORIDA
	33567
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECRETARIAS I
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New 1	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>	Name	<u>Addres</u> s
1) Change	VP	ANDREA MONTALVO	6057 EAST. SR.60
X Add			PLANT CITY- FLORIDA
Remove			33567
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

	al sheets, if necessary	). (Be specific)	nge(s) here:		
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					- <b></b>
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provisions for (if not app	ent provides for an ex r implementing the a plicable, indicate N/A)	mendment if not e	ication, or cancella contained in the am	tion of issued share endment itself:	<u>s,</u>
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provisions for (if not app	r implementing the a	mendment if not e	fication, or cancella contained in the am	tion of issued share endment itself:	<u>s.</u>

A.S.A.P The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
06/7/2018 Effective date <u>if applicable</u> :	
(no more than 90 days after amo	endment file date)
Note: If the date inserted in this block does not meet the applicable statutory f document's effective date on the Department of State's records.	iling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of vote by the shareholders was/were sufficient for approval.	es east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groumust be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for a	approval
by(voting group)	<u></u> ."
☐ The amendment(s) was/were adopted by the board of directors without shareho action was not required.	older action and shareholder
The amendment(s) was/were adopted by the incorporators, without shareholder action was not required.  Dated  Signature	action and shareholder
(By a director, president or other officer – if directors selected, by an incorporator – if in the hands of a recappointed fiduciary by that fiduciary)	
RICARDO NOLASCO	
(Typed or printed name of person	signing)
PRESIDENT	
(Title of person signin	