## P17000 008 305

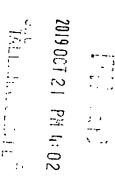
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(Business Entity Name)
(Day 1 and N 1 and 1
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
}
<u></u>





400335823844

10/21/19--01022--012 \*\*52.50





## **COVER LETTER**

TO: Amendment Section Division of Corporations

JRATION:	SS MANAGEMENT, INC	
D17000000105		
es of Amendment and fee are su	abmitted for filing.	
respondence concerning this ma	atter to the following:	
MYRA SANDERS		
	Name of Contact Persor	l
CYCLONE XPRESS MANA	AGEMENT, INC	
	Firm/ Company	
20424 NW 15TH AVE		
	Address	·
MIAMI, FL 33169		
	City/ State and Zip Code	<del></del>
heanders 26@amail.com		
~~	sed for future annual report	notification)
1. man address, (to be a.	sed for fatare annual report	nouncation)
ion concerning this matter, pleas	se call:	
	954 at (	842-5205
e of Contact Person	Area Coo	de & Daytime Telephone Number
for the following amount made	payable to the Florida Depa	rtment of State:
☐\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Address
	es of Amendment and fee are surrespondence concerning this ma  MYRA SANDERS  CYCLONE XPRESS MANA  20424 NW 15TH AVE  MIAMI, FL 33169  hsanders26@gmail.com  F-mail address: (to be used ion concerning this matter, please of Contact Person for the following amount made  \$\square\$ S43.75 Filing Fee & Certificate of Status	P17000008305  es of Amendment and fee are submitted for filing.  respondence concerning this matter to the following:  MYRA SANDERS  Name of Contact Person  CYCLONE XPRESS MANAGEMENT, INC  Firm/ Company  20424 NW 15TH AVE  Address  MIAMI, FL 33169  City/ State and Zip Code hsanders26@gmail.com  E-mail address: (to be used for future annual report  ion concerning this matter, please call:  at (954  Area Code for the following amount made payable to the Florida Depath of the following amount made payable to the florida Depath of the following amount made payable to the florida Depath of the following amount made payable to t

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CYCLONE XPRESS MANAGEMENT, INC

(Name of Corporation as cu	urrently filed with the Florida Dept. o	<u>f State</u> )
	mber of Corporation (if known)	<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adop	ots the following amendment(s) t
A. If amending name, enter the new name of the corporati	ion:	
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevi	" or "Co". A professional corporation	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	)	<del></del>
		007.2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		02
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		of the
Name of New Registered Agent		
(Flo	rida street address)	
New Registered Office Address:	, Fl	lorida (Zip Code)
		•
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan		f the position.
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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	mith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	CEO		IHSAN G SANDERS	20424 NW 15TH AVE
XAdd				MIAMI, FL 33169
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				<del></del>
Remove				
4) Change		<u></u>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	· <del></del>
· · · · · · · · · · · · · · · · · · ·	
<del>-</del>	
<u> </u>	
If an amandment provides for an auch	ange, reclassification, or cancellation of issued shares,
in an amenument provides for an exem	
provisions for implementing the amer	ndment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:

date this document was signed.	idoption:, if other than the
10/	01/2019
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	t for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
action was not required.  Dated	opted by the incorporators without shareholder action and shareholder
selecto	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
-typon	MYRA SANDERS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)