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R. WHITE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Get	ting It There Delivery and Cou	urier Service, Inc.			
DOCUMENT NUMBER: P17000	0010476				
The enclosed Articles of Amendment	and fee are submitted for filing.				
Please return all correspondence conc	erning this matter to the following:				
Richard Da	mes Jr				
	Name of Contact Pers	son			
Getting It There Delivery and Courier Service, Inc.					
	Firm/ Company				
4714 Hamn	4714 Hammock Ridge Dr				
	Address				
Mulberry, F	L 33860				
	City/ State and Zip Co	ode			
dames7371@gr	mail.com				
	dress: (to be used for future annual repo	rt notification)			
For further information concerning this matter, please call:					
Richard Dames Jr	_{at (} 305) 300-0789			
Name of Contact Person		Code & Daytime Telephone Number			
Enclosed is a check for the following	amount made payable to the Florida De	partment of State:			
-	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 Corpora P.O. Box 6327 Tallahassee, FL 323	Ame Itions Divisions Clift Clift 2661	et Address Industrial Executive Center Circle States of the States of th			

Articles of Amendment

Articles of Incorporation of

17 HUY 15 PU 3: 95

(210222	of Corporation as currer	ntly filed with the Florida Dept. of State)	
P17000010476			
	(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendmen	
A. If amending name, enter the new na	ıme of the corporation:		
N/A		The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	tion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:		4714 Hammock Ridge Dr	
(Principal office address <u>MUST BE A S</u>		Mulberry, FL 33860	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4714 Hammock Ridge Dr Mulberry, FL 33860	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	v registered office addre	ddress in Florida, enter the name of the ess:	
new registered agent and/or the nev	v registered office addre		
new registered agent and/or the nev	N/A (Florida :	<u>ess:</u>	

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 <math>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	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	PTS	· · · ·	Richard Dames Jr	4714 Hammock Ridge Dr
<u></u> ✓ Add				Mulberry, FL 33860
Remove				
2) Change	S		Althea Jacobs	
Add				
<u></u> Remove				
3)Change	T	_	Ophelia Washington	
Add				
Remove				
(hanna				
4) Change		_		***************************************
Add				
Remove				
5) Change		_		
Add				
Remove				4141 - 414 -
6) Change		_		
Add				
Remove				

E. If amending or adding additional A (Attach additional sheets, if necessary	rticles, enter change(s) here:). (Be specific)
N/A	· · · · · · · · · · · · · · · · · · ·
 	
	
	
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F. If an amendment provides for an ex-	change, reclassification, or cancellation of issued shares,
provisions for implementing the a (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
N/A	

The date of each amendment date this document was signe	nt(s) adoption: 5/8/2017	, if other than the
Effective date if applicable:	E/0/0047	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendment of votes cast for a province cast for a provin	ent(s)
	ere approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/waction was not required.	ere adopted by the board of directors without shareholder action and sharel	nolder
☐ The amendment(s) was/waaction was not required.	ere adopted by the incorporators without shareholder action and shareholder	भ
Dated <u>5/8/</u>	2017	
Signature		
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Title of person signing)	