

P17000020557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

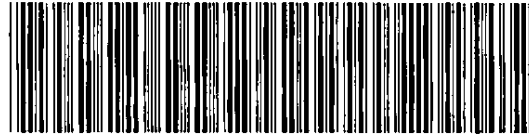
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800300710988

06/27/17--01006--011 \*\*35.00

17 JUN 27 PM 1:12

CLERK OF COURT  
JUL 6 2017

*Amend*

JUL 06 2017

D CUSHING

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** WN EXPRESS TRANSPORT CORP

DOCUMENT NUMBER: P17000020557

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AIDE M GONZALEZ

Name of Contact Person

Firm/ Company

1195 SW 104 SW

## Address

MIAMI.FL.33174

City/ State and Zip Code

MAGDA1932@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AIDE M GONZALEZ

at ( 305 ) 2007630

Name of Contact Person

Area Code &amp; Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

**■ \$35 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**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

U. S. DEPT. OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY



(Attach additional sheets, if necessary)

*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.*

X Change	PT	John Doe
----------	----	----------

X Remove	<u>V</u>	Mike Jones
----------	----------	------------

X Add	SV	Sally Smith
-------	----	-------------

1) <input type="checkbox"/> Change	S	MAGDA YOLANDA GONZALEZ	1195 SW 104 CT
<input type="checkbox"/> Add			MIAMI,FL 33174
X <input checked="" type="checkbox"/> Remove			

2) \_\_\_\_\_ Change \_\_\_\_\_  
 \_\_\_\_\_ Add \_\_\_\_\_  
 \_\_\_\_\_ Remove \_\_\_\_\_

3) \_\_\_\_\_ Change \_\_\_\_\_  
 \_\_\_\_\_ Add \_\_\_\_\_  
 \_\_\_\_\_ Remove \_\_\_\_\_

4) \_\_\_\_\_ Change \_\_\_\_\_  
\_\_\_\_\_ Add \_\_\_\_\_  
\_\_\_\_\_ Remove \_\_\_\_\_

5/ \_\_\_\_ Change \_\_\_\_\_

\_\_\_\_ Add \_\_\_\_\_

\_\_\_\_ Remove \_\_\_\_\_

6) \_\_\_\_\_ Change \_\_\_\_\_  
 \_\_\_\_\_ Add \_\_\_\_\_  
 \_\_\_\_\_ Remove \_\_\_\_\_

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

The date of each amendment(s) adoption: 05/19/2017, if other than the date this document was signed.

Effective date if applicable: 05/19/2017  
(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 not be listed as the document's effective date on the Department of State's records.

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.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 05/19/2017 Aide M. Gonzalez

Signature Aide M. Gonzalez

(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)

AIDE M GONZALEZ

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)