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(Re	equestor's Name)			
(Ad	ldress)			
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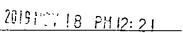
TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ENVIO EXPRESO	INC		
DOCUMENT NUMB	ER: P17000029418			
	of Amendment and fee are su	bmitted for filin	g.	
Please return all corres	pondence concerning this ma	tter to the follow	ving:	
	VERO:	NICA OHALLO	RANS	
		Name of Co	ntact Person	n
	ENVIO EXP.	RESO INC		
		Firm/ Ce	ompany	
	14900 SW	136 ST # 109		
•		Add	ress	
	MIAN	41 FL 33186		
	·	City/ State at	ıd Zip Cod	e
	shekinas	95@yahoo.com		
	E-mail address: (to be u	_,	nual report	notification)
For further information	concerning this matter, pleas	se call:		
VERONICA OHA	LLORANS	at (786	de & Daytime Telephone Number
Name o		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the F	lorida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Fili Certified C (Additional enclosed)	opy	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations a Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ENVIO EXPRESO INC



(Name o	f Corporation as currently filed with t	he Florida Dept. of State)
	P17000029418	
	(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Florida Profe	it Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designo word "chartered," "professional associat	ttion "Corp," "Inc," or "Co". A proj	The new oy," or "incorporated" or the abbreviation fessional corporation name must contain the
B. Enter new principal office address, i (Principal office address <u>MUST BE A ST</u>		
C. Enter new mailing address, if applic (Mailing address MAY BE A POST C	DFFICE BOX)	la, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	VERONICA OHALLORANS	
	13740 KENDALE LAKES DR	
	(Florida street address)	
New Registered Office Address:	MIAMI	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	nanging Registgred Agent: Pred agent. I fin familiar with and acce	pt the obligations of the position.

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: \underline{X} Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	LUIS C MUNOZ	14900 SW 136 ST # 109
Add			MIAMI FL 33186
X Remove			
2) Change	P	VERONICA OHALLORANS	13740 KENDALE LAKES DR
XAdd			MIAMI FL 33183
Remove			
3) Change	VP	WENDY M TAVARES	18005 SW 154TH PLACE
X Add			MIAMI FL 33187
Remove			
4) Change			_
Add			
Remove			
5) Change	·		
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>addition</i>	al sheets, if necess	sary). (Be spec	ific)			
 						
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			 -	·····	-	
<u>lf an amendme</u> provisions for	nt provides for a implementing th	<u>n exchange, recl</u> e amendment if	assification, or	cancellation o	f issued shares,	
(if not app	licable, indicate N	//A)	not contained	in the amendin	ent resert.	
			 -			
					<u> </u>	
		_				•••
		_				

	11/13/2019	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
11/13	/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirement artment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the am ficient for approval.	endment(s)
"The number of votes cast f	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendme or the amendments) was/were sufficient for approval (voting group)	nt(s):
☐ The amendment(s) was/were adoption was not required.	sted by the board of directors without shareholder action and	shareholder
action was not required. 11/13/2019 Dated Signature (By a disselected)	edior, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or offiduciary by that fiduciary)	not been
_	LUIS C MUNOZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	