P17000033625

(Re	questor's Name)	
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SECRETARY OF STATES
DIVISION OF CORPORATION

9117 MAY - I AM 7: 31

V HERRING MAY - 5 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: R N Y DELIVERY	SERVICES INC	
DOCUMENT NUMB	ER: P17000033625		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	ANGEL DIEZ		
•		Name of Contact Person	1
	DBS DIEZ BUSINESS SER	VICES INC	
•		Firm/ Company	
	4125 W WATERS AVE	гини С онциану	
-		Address	
	TAMPA, FL 33614		
-		City/ State and Zip Cod	e
DBS.	10@VERIZON.NET		
	E-mail address: (to be us	sed for future annual report	notification)
For further information ANGEL DIEZ	concerning this matter, pleas		871-1816
Name o	of Contact Person	an (Area Co) 871-1816 de & Daytime Telephone Number
	the following amount made		
\$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)
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 shassee, FL 32314	Ameno Divisio Cliftor 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



2817 MAY - 1 AM 7: 38

R N Y DELIVERY SERVICES INC

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P17000033625	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	<u></u> PRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>x</u>)
D. If amending the registered agent and/or register new registered agent and/or the new registered	office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:
I hereby accept the appointment as registered agent.	l am familiar with and accept the obligations of the position.
Sign	ature 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 Doe		
X Remove	$\underline{\mathbf{v}}$	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	YOCASTA RIVERA	2916 N 75TH CT	
X Add			TAMPA, FL 33619	
Remove	,			
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add	ē			
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	ding additional Articles, enter heets, if necessary). (Be speci	ific)		
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	- 14. 23			

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			· · · · · · · · · · · · · · · · · · ·	
<u>yisions for imp</u>	rovides for an exchange, recla Dementing the amendment if r	<u>issification, or cancel</u> not contained in the a	<u>lation of issued share</u> mendment itself:	<u>S.</u>
(if not applica	ble, indicate N/A)			
	·			

· · · · · · · · · · · · · · · · · · ·	
	, if other than the
date this document was signed.	
04/26/2017 Effective date if applicable:	
Effective date if applicable: (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 valuement's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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)	
(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.	
4/26/2017 Dated	
Signature Ruben DRevel	
(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)	
RUBEN D PEREZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	