

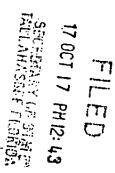
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OCT 19 2017

F.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: VD	<u>xPress</u>	TRANSPORT	OF
DOCUMENT NUMB	er: <u>P17000</u>	074248		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
<u>'</u>	JLADIMIR	DE LA Name of Contact Person	ROSA	
-	850 W_ =	Firm/ Company	st 113	
_	High	Address Address FL 3 City/ State and Zip Code	33014	
		A GARCÍA 7C led for future annual report	@ GHAIL.COM	
For further information	concerning this matter, pleas	se call:		
LADIHIR I Name o	E LA ROSA f Contact Person	at (786 Area Co	<u> 720 - 2926</u> de & Daytime Telephone Numbe	 r
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
<u>Mail</u>	ing Address	Street	Address	

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

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

Articles of Amendment

FILED 17 OCT 17 PH 12: 43

Articles of Incorporation

\ <u></u>	P17000	074248	
	(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendmen
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and conti "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associat	ation "Corp." "Inc." or	"Co". A professional corp	The new rporated" or the abbreviation poration name must contain the
B. Enter new principal office address, i (Principal office address MUST BE A ST		BSOW HIALEAH,	745TAPT 113 FL 33014
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		850 W- Hialfatt,	74 ST APT 113 FL 33014
D. If amending the registered agent and new registered agent and/or the new			name of the
Name of New Registered Agent	- VLADIM	IIR DE LA	ROSA
New Registered Office Address:	850 W (Florida su HIAL	74 ST ADT reel address) EAH	113
Now Posictored Agent's Signature if al	nanging Pegisterad Agent	(City)	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	ered agent. I am familiar	with and accept the obligat	
	Signature of New I	Registered Agent, if changin	ig

Page 1 of 4

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 Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	DAULD RODRIGUEZ	7210 N. MANHTTAN AVE
Add			APT 1613. TAMPA.
X Remove			FL 33614
2) Change	5	ULADIMIR DELAROSA	850 W 745T
Add			Apt 113
Kemove	Ω	. 11	HIALEAH, FL 33014
3) Change	<u> </u>	ULADINIR DELA ROSA	850 W 745T
X Add			Apt 113
Remove			HIALEAH, HL33014
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Domano			

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	<u>jange, reclassifica</u>	tion, or cancellation	of issued shares,	
If an amendment provides for an excl	nament ii not cor	named in the amendi	ii <u>ciii iiscii.</u>	
provisions for implementing the ame				
provisions for implementing the ame (if not applicable, indicate N/A)				
provisions for implementing the ame (if not applicable, indicate N/A)		NA		
provisions for implementing the ame (if not applicable, indicate N/A)		NA		
provisions for implementing the ame (if not applicable, indicate N/A)		NA		
provisions for implementing the ame (if not applicable, indicate N/A)		NA		
provisions for implementing the ame (if not applicable, indicate N/A)		NA		
provisions for implementing the ame (if not applicable, indicate N/A)		N/A		
(if not applicable, indicate N/A)		NA		
(if not applicable, indicate N/A)		NA		
(if not applicable, indicate N/A)		NA		
(if not applicable, indicate N/A)		NA		

The date of each amendment(s) adoption:		ala	, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :			_ _
(1	no more than 90 days after (amendment file date)	
Note: If the date inserted in this block does not indocument's effective date on the Department of Sta		y filing requirements, th	is date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)		
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app		otes cast for the amendm	ient(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro			
"The number of votes cast for the amendm	nent(s) was/were sufficient f	or approval	
by	group)		
fvoting	group)		
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shar	eholder action and sharel	ho ld er
The amendment(s) was/were adopted by the inc action was not required.	orporators without sharehol	der action and shareholde	er
Dated 10 11 2	<u> </u>		
Signature Suife 3	<u> </u>		
	nt or other officer – if direct orator – if in the hands of a		
appointed fiduciary by		. ceciner, masies, or ome	
ULAS	DIMIR DE L	a Rosa	
(Ту	ped or printed name of pers	on signing)	
	SECRETAR	<u>.</u>	
	(Title of person sig	m(no)	