P1700077451

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MP XPRESS COR	P	
DOCUMENT NUMB			
The enclosed Articles (of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
ı	CINDY ALMEIDA		
-	MP XPRESS CORP	Name of Contact Person	1
-		Firm/ Company	
	3555 NW 98TH ST	- ' '	
•		Address	
	MIAMI FL 33147		
-		City/ State and Zip Cod	e e
YBCA	RRIER@GMAIL.COM		
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas		702 (70)
		at (
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment 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		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32304

Articles of Amendment to Articles of Incorporation

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2017 OCT 23 PK 4:38

MP XPRESS CORP (Name of Corporation as currently filed with the Florida Dept. of State) P17000077451 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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 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	<u>PT</u>	<u>John Doc</u>			
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>	<u>Addres</u> s		
1) Change	VP	KENIA A MESA ESPINOSA	3555 NW 98TH ST		
X Add			MIAMI FL 33147		
Remove					
2) Change					
Add					
Remove			***		
3.) Change					
Add					
Remove					
4) Change	·+				
Add			<u> </u>		
Remove					
57 Change					
Add					
Remove					
6)Change					
Add					
Remove					

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
, , , , , , , , , , , , , , , , , , , ,	
f an amendment provides for an eych	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
- <u> </u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 document's effective date on the Department of State's records.	date 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 amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"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.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
10/16/2017	
Dated	
Signature	
(Hy) 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 exponented fiduciary by that tiduciary)	ourt
MICHEL PENA MARZO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	