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To: Division of Corpora Fax Number ; (8	ations 850)617-6380	
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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: _____

DOCUMENT NUMBER: P17000080209

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

Please return all correspondence concerning this matter to the following:

WILLIAM MENDOZA
Name of Contact Person
Firm/ Company
1001 NE 17TH PL
Address
CAPE CORAL, FL 33909
City/ State and Zip Code
TAXCUBA@GMAIL.COM

For further information concerning this matter, please call:

KETYS RAMIREZ			at f ⁸¹³	3150768
Name of Contact Person				de & Daytime Telephone Number
En	closed is a check for	the following amount made	payable to the Florida Dep.	artment of State:
	\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Amend Divisio The Co 2415 P	Address Iment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite 810 issee, FL 32303

Articles of Amendment to Articles of Incorporation uf

MDZA EXPRESS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000080209

(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:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ubbreviation "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 <u>MUST BE A STREET ADDRESS</u>)

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:

(City)

(Zip Code)

__, Florida_

 \bigcirc

<u>New Registered Agent's Signature, If changing Registered Agent:</u> 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

Check if applicable

□ The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (c), F.S.

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 latter 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>	<u>John De</u>	<u>oc</u>		
<u>X</u> Remove	<u>v</u>	<u>Mike Jo</u>	<u>unes</u>		
<u>X</u> Add	<u>sv</u>	Sally Sr	mith		
<u>Type of Action</u> (Check Qne)	Title		Name	Address	
1) Change	VP	_	LISI MENDOZA	1001 NE 17TH PL	
X Add				CAPE CORAL, FL 33909	-
Remove					
2) Change	, 	_			ب
Add					_
Remove		_			
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4) Change		_		·····	
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6) Change		_			
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provisions for implen	vides for an exchange, menting the amendme indicate N/A)	<u>, reclassification, ent if not containe</u>	or cancellation of i d in the amendme	<u>ssued shares,</u> nt itself:	
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date this docun	ich amendmicht(s) adoption:, if nent was signed.	other than th
Effective date	if applicable:	
	(no more than 90 days after amendment file date)	
Note: If the d	late inserted in this block does not meet the applicable statutory filing requirements, this date will not b fective date on the Department of State's records.	c listed as th
Adoption of A	mendment(s) (CHECK ONE)	
The amender action was r	ment(s) was/were adopted by the incorporators, or board of directors without shareholder action and share not required.	holder
☐ The amenda by the share	ment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) eholders was/were sufficient for approval.	-
□ The amendn must he sep	ment(s) was/were approved by the shareholders through voting groups. The following statement parately provided for each voting group entitled to vote separately on the amendment(s):	
"The 1	number of votes cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	ר
	Dated 08/14/2023	ت
	Signature Windo	
	(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)	
	WILLIAM MENDOZA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	