P18 00000 7097

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	<u> </u>
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer.	

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COVER LETTER

Division of Corporations						
NAME OF CORPORATION: SY Expless Transport Colp. DOCUMENT NUMBER: P18000007097.						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Youn Sanchez Name of Contact Person Sy Express Transport Corp. Firm/ Company						
SY Express Transport Corp.						
27801 SW 134 CT Address						
HomesTead, Fl. 33032 City/ State and Zip Code						
SYEXPRESSTRANSPORT@Gmail.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Voan Sanchez at 786, 7864405 Name of Contact Person Area Code & Daytime Telephone Number						
/ Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)						

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

TO: Amendment Section

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

Articles of Amendment

Articles of Incorporation of

	on as currently filed with the Florid	a pent at State)	
(Docum	ent Number of Corporation (if known	<u> </u>	
ursuant to the provisions of section 607,1006, Florida Articles of Incorporation:	Statutes, this Florida Profit Corpora	ation adopts the followi	ng amendme
If amending name, enter the new name of the co	rporation:		
			The new
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp, ord "chartered," "professional association," or the d Enter new principal office address, if applicable:	" "Inc," or "Co". A professional cabbreviation "P.A."		
Principal office address <u>MUST BE A STREET ADD</u>		::,	2019
			AONL
		•	
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX	V)		3
(Munical MAT DE ATOST OFFICE BOX	У	•	
		•	- 2
. If amending the registered agent and/or register new registered agent and/or the new registered of		he name of the	
Name of New Registered Agent			_
			_
	(Florida street address)		
New Registered Office Address:	(Florida str ee t address)	Florida	

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	PT Joh	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>ŞV</u> <u>Sal</u>	tly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	<u>P</u>	<u>Vladimir Lopez Rulido</u>	27801 SW 134CT
Add			HomesTood, F1, 33032
Remove			
2) Khange	V.P	Roxana Arango	124305W2175T
Add		_	miami, F1, 33170
Remove			
3) Change			·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach add	ditional shee	g additional A ts, if necessary,). (Be spec	ific)	_			
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f an ame	ndment prov	rides for an ex	change, recl	assification, o	r cancellation	of issued shar	res,	
<u>provisior</u> (if no	ns for implen ot applicable	nenting the an indicate N/A)	nendment if	not contained	in the amendi	ment itself:		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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):	nt
"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.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(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)	
Yoan Sanchez (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President (Title of person signing)	
(Title of person signing)	

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