P18000011133

(Requestor's Name)
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PICK-UP WAIT MAIL
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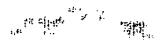


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COVER LETTER

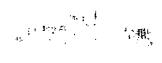
TO: Amendment SectionDivision of Corporations

2015 HAY -4 PH L: 30

, NAME OF CORPORATI	ON:	GTS XPRESS CO)RP	
DOCUMENT NUMBER:	P1800	0011133		
The enclosed Articles of Art	nendment and fee are su	bmitted for filing	•	
Pléase return all correspond	lence concerning this man	tter to the followi	ng:	
		ALAN MARTINI	EZ	
		Name of Cont	act Person	
		SIMPLEX	GROUP	
		Firm/ Cor	npany	· · · · · · · · · · · · · · · · · · ·
,		5800 NW 74TI	H AVE	
		Addre	ess	
*		MIAMI, FL 3316	6	
		City/ State and	l Zip Code	
	ama	artinez@simplexg	roup.net	
	E-mail address: (to be us			otification)
For further information cond	cerning this matter, pleas	e call:		
ALAN MARTINEZ /	SIMPLEX GROUP	at (305	599-8287
Name of Cor	ntact Person		Area Code	e & Daytime Telephone Number
Enclosed is a check for the f	following amount made p	payable to the Flo	rida Depar	tment of State:
□ \$35 Filing Fee □	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	у	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A Amendme Division o P.O. Box Tallahasse		Division Clifton E	nent Section of Corporations	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



GTS XPRESS CORP

2318	MAY	- 4	PN	Ų:	7.8
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(Name of Corporation as currently filed with the Florida Dept. of State)

P	18000011133				
(De	cument Number of Co	prporation (if known)			
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Flo	rida Profit Corporation	adopts the f	ollowing amendment(
A. If amending name, enter the new name of th	e corporation:				
				The new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	'orp," "Inc," or "Co'	". A professional corpo	orated" or ration name	the abbreviation must contain the	
B. Enter new principal office address, if applica		1385 BROOKWOOD FOREST BLVD APT 1003			
(Principal office address <u>MUST BE A STREET A</u>	ADDRESS)	JACKSONVILLE, FL 32225			
,	-		-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	1385 BROOKWOOD FOREST BLVD APT 1003			
	-	JACKSONVILLE,	FL 32225		
D. If amending the registered agent and/or reginew registered agent and/or the new register		in Florida, enter the na	me of the		
Name of New Regisserea Agent	4005 5550015415055	500507 01110 407 40		_	
	(Florida street a) FOREST BLVD APT 10 address)	03		
New Registered Office Address:	JACKSONVILLE		. Florida	32225	
. Ten regimered Syrice radii ess.	(City)		_, 1 1011011	(Zip Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with	and accept the obligation	ns of the po.	sition.	
	ignature of New Design	tanad Accept if abaycing			

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	MGR	SUAREZ, GEORGINA T	1385 BROOKWOOD FOREST BLVD APT 1003
Add			JACKSONVILLE, FL 32225
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, ij	lditional Article f necessary). (Be specific)				
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If an amendment provide:	s for an exchan	ge <u>, reclassifica</u>	tion, or cancella	ntion of issued sh	ares.	
provisions for implement (if not applicable, ind	ting the amenda	nent if not con	tained in the an	rendment itself:		
(у погаррисаоте, та	icale IVA)					
						
				· · · · · · · · · · · · · · · ·		
<u> </u>						

The date of each amendment(s) adoption: 4/12/18	, if other than th
date this document was signed.	
Effective date if applicable:	<u></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, thi document's effective date on the Department of State's records.	s date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(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	
(voling 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.	
Dated4/12/18	
Signature X	
(By a 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 cappointed fiduciary by that fiduciary)	
GEORGINA T SUAREZ	
(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
PRESIDENT	
(Title of person signing)	