## P18000019508

(R	Requestor's Name)
(A	address)
4)	address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(E	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



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## COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, Fl. 32314

NAME OF CORPORATION OF COMMENT NUMBER	TION: <u>FT EAP</u> r: <u>P180000</u>	19508	
The enclosed Articles of A	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
		Name of Contact Person SJ Curp Firm/ Company Address Turn 331 City/ State and Zip Code	5J
	FT. EXPRE	S. COLPO ( sed for future annual report	motification)
For further information co	oncerning this matter, pleas	se call:	
Mame of C	U/GC) Contact Person	at ( <u>305</u> Area Coo	450 403 ·
Enclosed is a check for th	ne following amount made p	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	S43.75 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)
Amend	g Address ment Section n of Corporations ox 6327	Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to rticle: of Incorporation

Articles of Inco	rporation
FTEXOR	33 ('Crp
(Name of Corporation as currently	filed with the Florida Dept. of State)
PISODO	M9508
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	77
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
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	S in Florida, enter the name of the
new registered agent and/or the new registered office address:	7
Name of New Registered Agent (1)	S. YCAG
10373 SKI	109° CT
(Florida street	address)
New Registered Office Address: VICIMS	
	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Reg	istered Agent, if changing
y	

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>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	<u>S_</u>	Lidici A. Valdes	7800 SW 36St.
Add			Miami, F. 33155
Remove			
2) Change Add	<u>P</u>	Yanilka S. Voga	16323 SN 108 CT Migm1 Fc. 33157
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional A	rticles, enter chang	<u>e(s) here:</u>		
(Attach additional sheets, if necessary	c). (Be specific)			
K) [ ] }				
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. If an amendment provides for an ex	chunna podaccifica	tion or sonsallation	- af:	
provisions for implementing the an	rendment if not con	tained in the amend	I of issued snares,	
(if not applicable, indicate N/A)	is the state of th	med til tile ament	ment usen.	
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The date of each amendment(s) adoption: MU 23, 2018, if other than date this document was signed.
Effective date if applicable: N/A
Effective date if applicable: (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 will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes east 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):
"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 May 23, 2018. Signature Lielia Val
(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)
CTyped or printed name of person signing)
President.
(Title of person signing)