P18600066434

(Req	uestor's Name)
(Add	ress)
(Add	ress)
(City	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	iness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:
. <u></u>	





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: UNIO	U EXPRESS	Inc.
DOCUMENT NUMBI	er: <u>P180</u>	00060434	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	5	ILVANA CLAVA	ZRINO
_		Name of Contact Perso	n
-		Firm/ Company	
	11724	SW 92nd Lr	\
		Address	
_	Miami,	FL 33186	
		City/ State and Zip Cod	c
	quillerm	10, m. Derez	Procile Com /
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
SILVANA (CLAUARINO	at (_786	229 8085
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
	ng Address		Address
	dment Section		Iment Section
	on of Corporations Box 6327		on of Corporations Building
	nassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Union Express In)C		
(Name of Corporation as currently filed	with the Florida Dept. of State)		
(Document Number of Corp	oration (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	la Profit Corporation adopts the foll	owing at	mendment(s) to
A. If amending name, enter the new name of the corporation:			
		T}	he new
name must be distinguishable and contain the word "corporation," "o "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", 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:	<u>.</u>	<u>-</u> م	S
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		- 3 - 5	<u></u>
		<u> </u>	1
	:		, m
		-1, 2	
D. If amending the registered agent and/or registered office address in	Florida, enter the name of the		 + o
new registered agent and/or the new registered office address:			()
Name of New Registered Agent	······································		-
(Florida street ada	ress)		
New Registered Office Address:	, Florida		
(City)		(Zip Code	e)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with ar	nd accept the obligations of the posit	tion,	
	g J. I		
Signature of New Registe	red 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.

Example: X Change	<u>PT</u>	John Dog	
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>	Address
1) Change	$\overline{\mathcal{D}}$	Jorge Moyano	11724 SW 92nd Ln
Add		I	Miami, FL 33186
Remove			
2) Change	P	Silvana Clavarino	11724 SW 92nd Ln
X Add			Miami, Fl. 33186
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	
	
	1
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
 	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: \[\lambda \frac{\lambda \cdot \frac{10}{8}}{\lambda \cdot \frac{10}{8}} \] (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 requiremen document's effective date on the Department of State's records.	ts, this date 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 east for the amendment(s) was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The followin must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes east 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 s action was not required.	hareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	holder
Dated Dupust 3rd 2018	
Signature Lea leux fleux	
(By a director, president of other officer - if directors or officers have	
selected, by an incorporator—if in the hands of a receiver, trustee, or cappointed fiduciary by that fiduciary)	other court
Guillermo Perez	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	