## P18000080831

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2022 MAR 24 AM 8: 52 SECTOR TO STATE TALLAMASSEE, FI

of 4/10/2022

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF COL             | RPORATION: MARTELEXPRI   | ESS, CORP  |   |  |  |  |  |
|-------------------------|--|--|---|--|--|--|--|
|                         | UMBER: P18000080831  |  |   |  |  |  |  |
|                         | icles of Amendment and fee are s   | submitted for filing.  |   |  |  |  |  |
| Please return all       | correspondence concerning this n   | natter to the following:   |   |  |  |  |  |
|                         | ALBERTO PEREZ  |  |   |  |  |  |  |
|                         | **************************************   | Name of Contact Person   |   |  |  |  |  |
|                         | STAR TAX SERVICES IN   | STAR TAX SERVICES INC  |   |  |  |  |  |
|                         |  | Firm/ Company  |   |  |  |  |  |
|                         | 1255 W 46 ST. STE. 23  |  |   |  |  |  |  |
|                         | Address  |  |   |  |  |  |  |
|                         | HIALEAH, FL 33012  |  |   |  |  |  |  |
|                         |  | City/ State and Zip Code   | 2   |  |  |  |  |
|                         | STARTAXSERV@GMAII  | L.COM  |   |  |  |  |  |
|                         | E-mail address: (to be   | used for future annual report                                      | notification)   |  |  |  |  |
| For further information | mation concerning this matter, ple   | ease call:<br>at (at   | 、556-2707   |  |  |  |  |
| N N                     | ame of Contact Person  | at (   | de & Daytime Telephone Number   |  |  |  |  |
|                         | eck for the following amount mad   |  |   |  |  |  |  |
| S35 Filing F            | ee □\$43.75 Filing Fee &<br>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)                   |  |  |  |  |
|                         | Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amend<br>Divisio<br>The Co<br>2415 N                               | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |  |  |  |  |

## Articles of Amendment to Articles of Incorporation οf

## FILED

| MARTELEXPRESS, CORP   | 2022 MAR 24 AM 8: 52   |
|---|--|
| (Name of Corporation as current   | ly filed with the Florida Dept. of State)-                                       |
| P18000080831  | 2022 MAR 24 AM 8: 52  Iv filed with the Florida Dept. of State)  TALLAMASSEE. FL |
| (Document Number of   | of Corporation (if known)  |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:   | Florida Profit Corporation adopts the following amendment(s) to                  |
| A. If amending name, enter the new name of the corporation:   |  |
|   | The new  |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A. | A professional corporation name must contain the word                            |
| 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 add new registered agent and/or the new registered office address  |  |
| Name of New Registered Agent  |  |
| New Registered Office Address:  | (City) , Florida (Zip Code)  |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar   | ाः<br>with and accept the obligations of the position.                           |
| 0   | Laine I Come Polymoins   |
| Signature of New F  | Registered Agent, if changing  |
| Check if applicable  ☐ The amendment(s) is/are 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)

Example:

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.

| X Change                      | <u>PT</u>    | John Do  | <u>ue</u>         |                           |
|-------------------------------|--------------|----------|-------------------|---------------------------|
| X Remove                      | <u>V</u>     | Mike Jo  | nes               |                           |
| X Add                         | <u>sv</u>    | Sally Sn | <u>nith</u>       |                           |
| Type of Action<br>(Check One) | <u>Title</u> |          | Name              | <u>Addres</u> s           |
| 1) Change                     | COO          | _        | DIAZ MESA, REYNEL | 550 SW 115TH AVE. APT. II |
| Add                           |              |          |                   | MIAMI, FL 33174           |
| X Remove                      |              |          |                   |                           |
| 2) Change                     |              |          |                   |                           |
| Add                           |              |          |                   |                           |
| Remove 3 ) Change             |              | _        |                   |                           |
| Add                           |              |          |                   |                           |
| Remove                        |              |          |                   | <u> </u>                  |
| 4) Change                     |              | _        |                   |                           |
| Add                           |              |          |                   |                           |
| Remove                        |              |          |                   |                           |
| 5) Change                     |              | _        |                   |                           |
| Add                           |              |          |                   |                           |
| Remove                        |              |          |                   |                           |
| 6) Change                     |              |          |                   |                           |
| Add                           |              |          |                   |                           |
|                               |              |          |                   |                           |
| Remove                        |              |          |                   |                           |

| Attach additional sheet.     | s, if necessary). (Be specific)   |
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| an amendment prov            | ides for an exchange, reclassification, or cancellation of issued shares, |
| <u>provisions for implen</u> | nenting the amendment if not contained in the amendment itself:           |
| (if not applicable,          | indicate N/A)   |
|                              |   |
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| The date of each amendment(s)                                       | adoption:  | , if other than the       |
|---|--|---------------------------|
| date this document was signed.                                      | /16/2022   |                           |
| Effective date <u>if applicable</u> :                               |  |                           |
|   | (no more than 90 days after amendment file date)   |                           |
| Note: If the date inserted in this document's effective date on the | block does not meet the applicable statutory filing requirements, this date vegetiment of State's records.   | vill not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)  |                           |
| ■ The amendment(s) was/were a action was not required.              | dopted by the incorporators, or board of directors without shareholder action a  | uid shareholder           |
| ☐ The amendment(s) was/were a by the shareholders was/were          | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.   |                           |
|   | pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):   |                           |
| "The number of votes ca   | st for the amendment(s) was/were sufficient for approval   |                           |
| by  | ,"   |                           |
|   | (voting group)   |                           |
| 03/16/20<br>Dated   | $\frac{22}{L^2}$   |                           |
| Signature   | The state of the s |                           |
| selec   | director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)  |                           |
|   | JUAN CARLOS M MELIAN   |                           |
|   | (Typed or printed name of person signing)  |                           |
|   | PRESIDENT  |                           |
|   | (Title of person signing)  |                           |