P18000084892

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CAMILA EXPRE	SS INC		
DOCUMENT NUMB	ER: P18000086892	,		
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	ROBERTO MACHADO			
•		Name of Contact Persor	1	
	SIMPLEX GROUP			
		Firm/ Company		
	5300 NW 74TH AVE			
	Address			
	MIAMI, FL 33138			
•	City/ State and Zip Code			
rmach	nado@simplexgroup.net			
		sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
		at (,	
Name c	of Contact Person	Area Co) de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dept	urtment of State:	
■ \$35 Filing Fee	□\$43.75 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

- CAMILA EXPRESS INC.

CAMILA LATRIGO INC	
(Name of Corporation as	currently filed with the Florida Dept. of State)
P18000086892	
(Document N	Sumber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:
CAMILA EXPRESS CORP	The new
	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	PH 1: 29
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
d)	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	
Signature	of New Registered 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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			-
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) (None			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding a Attach additional sheets,	if necessary). (Be:	specific)	_		
		, ,		,	
		· ·			
		-	····		
		<u> </u>			
lf an amendment provi	dae for an archange	raclassification (er cancellation of is	cund tharac	
provisions for impleme	enting the amendmen	at if not contained	in the amendmen	t itself:	
(if not applicable, i	ndicale N/A)				
			·		
					
				· · · ·	

The date of each amendment(s) adoptio	12/14/2018 n:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departme	loes not meet the applicable statutory filing requirements, this ent of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendme t for approval.	ent(s)
	by the shareholders through voting groups. The following state soting group entitled to vote separately on the amendment(s):	ement
	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted baction was not required.	by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were adopted baction was not required.	y the incorporators without shareholder action and shareholder	
12/14/2018		
Dated		
(By a director	, president or other officer – if directors or officers have not be n incorporator – if in the hands of a receiver, trustee, or other c	
	ueiary by that fiduciary)	· · · · · · · · · · · · · · · · · · ·
WILI	JAM CANAS CHAVEZ	
	(Typed or printed name of person signing)	
PRES	SIDENT	
	(Title of person signing)	