## P190000004915





100356803461

12/29/20--01017--006 \*\*35.00

Anichd

FE3 1 1 2021 I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: AMANDA EXPR	ESS CORP		
DOCUMENT NUMBE	R: P19000004915			
	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	atter to the following:		
		JESUS A TOVAR		
		Name of Contact Perso	n	
		ISC GROUP		
		Firm/ Company		
		9020 NW 8TH ST APT 3	321	
_	Address			
		MIAMI, FLORIDA, 331	72	
		City/ State and Zip Cod	e	
		JESUSTOVARB@GMAII	L.COM	
_		sed for future annual report		
	oncerning this matter, pleas	se call:at (	655-3857	
Name of (	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the	ne following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
			,	

## Articles of Amendment to Articles of Incorporation of

AMANDA	EVDDECC	$C \cap DD$
A A/I A C I I A	PAPKESS	LUBRI

(Name of Corneration	n as currently filed with the Flor	rida Dent. of State)	
19000004915	as currently med with the Pior	rua Dept. or State	
	ent Number of Corporation (if kno	wn)	
dursuant to the provisions of section 607,1006, Florida s Articles of Incorporation:	Statutes, this Florida Profit Corpo	oration adopts the followi	ng amendment(s)
. If amending name, enter the new name of the co	rporation:		
			The new
ame must be distinguishable and contain the word "co Inc.," or Co.," or the designation "Corp," "Inc." chartered," "professional association," or the abbre	or "Co". A professional corpo	porated" or the abbreviat oration name must conta	ion "Corp.,"
. Enter new principal office address, if applicables Principal office address <u>MUST BE A STREET ADD</u>			<del></del>
	<del></del>		<u>۔۔۔۔</u> <u>ء</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>		.·. <u>.</u>
			:
			<u> </u>
			<del></del>
. If amending the registered agent and/or register new registered agent and/or the new registered of		r the name of the	
Name of New Registered Agent			_
	(Florida street address)		
	(Pantal street address)		
New Registered Office Address:	(City)	, Florida(Zin	
	(0.9)	1	
ew Registered Agent's Signature, if changing Regi			
hereby accept the appointment as registered agent.	l am familiar with and accept the o	bligations of the position.	
Signa	ture of New Registered Agent, if ch	nanging	_
		•	
heck if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). 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)

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>	Name	<u>Addres</u> s		
1) Change		LUIS C FERNADEZ	8311 NW 64TH STREET		
Add			UNIT 3		
X Remove			MIAMI. FL 33166		
2) Change	P	JESUS A PEREIRA	501 NE 5TH TER		
X Add	-		APT 528		
Remove Change			FORT LAUDERDALE, FL 3330		
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

ttach additional sheets, if necess	iary), (Be speci	change(s) here ijic)			
				·	
				<u>.</u>	
			<del></del>		
· · · · · · · · · · · · · · · · · · ·			<del></del>	<del></del>	
an amendment provides for a royisions for implementing th	n exchange, recla	assification, or o	cancellation of	issued shares,	
(if not applicable, indicate N	VA)	aor contained i	the amendance	m nacu.	
					· I I.
					<del></del>
	<del>-</del>				

The date of each amendment		, if other than th
date this document was signed Effective date if applicable:	DECEMBER 4TH. 2020	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	ite will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder acti	on and shareholder
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.	s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	e <b>nt</b>
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
DECI Dated	EMBER 4TH, 2020	
Signature		
(B	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other compointed fiduciary by that fiduciary)	1
	GABRIELA D PEREIRA GUNTIEM PEIEIN	
	(Typed or printed name of person signing) PRESIDENT/DIRECTOR	
	(Title of person signing)	
	/	