P190000 61003

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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BELLA EXPRES	S SERVICES INC	
	BER: P19000061003		
The enclosed Articles	of Amendment and fee are so	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	LORENZO QUINTANA RI	CO	
		Name of Contact Perso	n
		Firm/ Company	
	441 NE 2 STREET UNIT 10	06	
	FLORIDA CITY, FL 33034	Address	
		City/ State and Zip Cod	<u> </u>
	JANETD317@YAHOO.CO	vI	
•	E-mail address: (to be us	sed for future annual report	notification)
² or further information	n concerning this matter, pleas	se call:	
LORENZO QUINTA		786 at (de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

and the state of t

BELLA EXPRESS SERVICES INC

(<u>Name</u>	of Corporation as currently filed with the J	lorida Dept. of State)			
P19000061003					
	(Document Number of Corporation (if)	known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006. Florida Statutes, this <i>Florida Profit Co</i>	rporation adopts the follo	owing a	amendm	ent(s) to
A. If amending name, enter the new n	name of the corporation:				
name must be distinguishable and col "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associa	ntain the word "corporation," "company," nation "Corp," "Inc," or "Co". A profession ation," or the abbreviation "P.A."	or "incorporated" or the onal corporation name n	he abb	'he nev reviatio ntain th	h
B. Enter new principal office address.					
Principal office address <u>MUST BE A S</u>	STREET ADDRESS)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				2019 Hilly 2	s -ry
			-	· E	
				-13-	•
	-				
 If amending the registered agent an new registered agent and/or the ne 	nd/or registered office address in Florida, er	ter the name of the		•••	نو
	LORENZO QUINTANA RICO	r		52	
Name of New Registered Agent					
	441 NE 2 STREET				
	Attachta access 11 A				
	(Florida street address) FLORIDA CITY	23/03	: 1		
New Registered Office Address:	(Florida street address) FLORIDA CITY (City)	Florida 3303	34 Zip Coa	<u></u>	

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	LORENZO R QUINTANA	4441 NE 2 STREET UNIT 106
Add			FLORIDA CITY, FL 33034
X Remove			
2) Change	P	LORENZO QUINTANA RICO	441 NE 2 STREET UNIT 106
XAdd			FLORIDA CITY, FL 33034
Remove			
3) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			
Remove			
		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this ble document's effective date on the Department.	ock does not meet the applicable statutory filing requirements, this date wi artment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
☐ The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting groups. The following statement arch voting group entitled to vote separately on the amendment(s):	
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	
by	<u></u>	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated $\int \widehat{\mathcal{Q}}$	126 2019	
Signature	Jalyo (h)	
selected.	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
lu	ORENZO QUINTANA	
_	(Typed or printed name of person signing)	
Pl	RESIDENT	
_	(Title of person signing)	