

To:

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2022-07-01 20:22:44 GMT

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From: LAXMY CHACON

6/24/22, 12:20 PM

Division of Corporations

P19000004573
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LAXMY'S CARRIER SERVICES
Account Number : I20040000007
Phone : (305)640-0281
Fax Number : (305)489-2902

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: com.2001@yahoo.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
BOFILL & ACOSTA EXPRESS INC**

Certificate of Status	0
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JUL - 5 2022

S. PRATHER

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June 28, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BOFILL & ACOSTA EXPRESS INC
256 E 7TH ST
APT #201
HIALEAH, FL 33010US

SUBJECT: BOFILL & ACOSTA EXPRESS INC
REF: P19000064573

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

FAX Aud. #: E22000218386

Letter Number: 622A00014607

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BOFILL & ACOSTA EXPRESS INC

DOCUMENT NUMBER: P19000064573

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBERTO BOFILL-HERNANDEZ

Name of Contact Person

BOFILL & ACOSTA EXPRESS INC

Firm/ Company

731 E 14TH PL

Address

HIALEAH, FL 33010

City/State and Zip Code

laxmyc2001@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAXMY CHACON

Name of Contact Person

at (305)

640-0281

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

BOFILL & ACOSTA EXPRESS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

731 W 30TH ST

HIALEAH, FL 33010

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

731 W 30TH ST

HIALEAH, FL 33010

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

731 W 30TH ST

(Florida street address)

New Registered Office Address:

HIALEAH

(City)

Florida 33012

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

FILED
2022 JUL -11 AM 11:11
TALLAHASSEE, FLORIDA
STATE DEPT. OF REVENUE

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	P	BOFILL-HERNANDEZ, ALBERTO	731 W 30TH ST
<input type="checkbox"/> Add			HIALEAH, FL 33012
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	VP	ACOSTA-PYCH, MAYTE	731 W 30TH ST
<input type="checkbox"/> Add			HIALEAH, FL 33012
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

The date of each amendment(s) adoption: 06/24/2022, if other than the date this document was signed.

Effective date if applicable: 06/24/2022
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

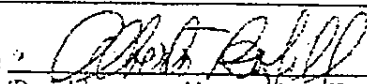
- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

Dated 06/24/2022

Signature



(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ALBERTO BOFILL-HERNANDEZ

(Typed or printed name of person signing)

P

(Title of person signing)

FILED
2022 JUL -1 AM 11:14
CLERK OF STATE
TALLAHASSEE, FLORIDA