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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: WORLD WIDE	EKSPRESS, INC	
DOCUMENT NUMBER:			
The enclosed Articles of Am	endment and fee are s	submitted for filing.	
Please return all corresponde	ence concerning this n	natter to the following:	
MICH	IAEL K. NARANJIT		
		Name of Contact Per	son
ACCO	OUNTING & TAXES	2000 PLUS, LLC	
 _		Firm/ Company	
16499	NE 19TH AVE., SUI	TE 102	
		Address	
NORT	Н МІАМІ ВЕАСН. І	FLORIDA, 33162	
		City/ State and Zip Co	ode
michae	:l@taxes2000plus.con	n	
		sed for future annual repo	ort notification)
For further information conce	rning this matter, plea	ise call:	
MICHAEL K. NARANJIT		305	940-3672
Name of Conta	ict Person	Area (940-3672 Code & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made		
	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Amer Divisi The C 2415	t Address adment Section ion of Corporations Jentre of Tallahassee N. Monroe Street, Suite 810 uassee, FL 32303

Articles of Amendment Articles of Incorporation of

WORLD WIDE EKSPRESS, INC	
	on as currently filed with the Florida Dept, of State)
P20000000445	
(Docun	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridalis Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the co	orporation:
	771
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbre	The new orporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
3. Enter new principal office address, if applicable	
Principal office address <u>MUST BE A STREET ADD</u>	PRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	x) — PH ?
	2: 2
. If amending the registered agent and/or register new registered agent and/or the new registered of	ed office address in Florida, enter the name of the
	mice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
w Registered Agent's Signature, if changing Regi	
wereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
	, garante sy ma yestima.
Signat	ure of New Registered Agent, if changing

Check if applicable \square 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:

\underline{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>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>D</u>	INDRE MARCINKEVICIUS	335 S. BISCAYNE BLVD. 1403
XAdd			MIAMI, FL. 33131
Remove			
2) Change	_		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		·	
i) Change			
Add	- 2		
Remove			

Attach additional sheets, if necessary).	(Be specific)				
			 		
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an amendment provides for an exch	ange, reclassificati	<u>on, or cancellați</u>	on of issued shar	es,	
rovisions for implementing the amer	idment if not cont	ained i <u>n the am</u> e	ndment itself:		
(if not applicable, indicate N/A)					
			 		
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The desired	FEB. 18, 2020	
The date of each amendment(s) date this document was signed.	adoption:	
o o o o o o o o o o o o o o o o o o o		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the I	block does not meet the applicable statutory fifing requirements, the Department of State's records.	is date will not be listed as the
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were accion was not required.	lopted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment of the approval.	en:(s)
waste comparatory provided jor	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s): for the amendment(s) was/were sufficient for approval	emeni
by	and were sufficient in approval	
_	(voting group)	
FEB 18, 20 Dated	20	
Signature 🗡	Jus	
SCIECTE	rector, president or other officer - if directors or officers have not been l, by an incorporator - if in the hands of a receiver, trustee, or other collect fiduciary by that fiduciary)	n urt
	AIN PARN	
•	(Typed or printed name of person signing)	
	PRRESIDENT	
-	(Title of person signing)	