From: LAXMY CHACON

11/8/21, 5:11 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

ONE LINE EXPRESS INC

| Certificate of Status | 0 |
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From: LAXMY CHACON

| | COVER LETTER |
|--|--|
| TO: Amendment Section Division of Corporations | |
| NAME OF CORPORATION: ONE LI | NE EXPRESS INC |
| DOCUMENT NUMBER: P2000000333 | 31 |
| | |
| The enclosed Articles of Amendment and | |
| Please return all correspondence concerni | ng this matter to the following: |
| BARBARO V AL | ONSO DE LEON |
| | Name of Contact Person |
| ONE LINE EXPR | |
| | Firm/ Company |
| 11700 SW 226TH | |
| | Address |
| MIAMI, FL 33170 | |
| | City/ State and Zip Code |
| laxmyc2001@yah | |
| E-mail addres | ss: (to be used for future annual report notification) |
| For further information concerning this n | natter, please call: |
| LAXMY CHACON | at (305) 640-0281 Area Code & Daytime Telephone Number |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following am- | ount made payable to the Florida Department of State: |
| \$35 Filing Fee \$43.75 Fili Certificate | |
| Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tollahassee, FL 32314 | The Centre of Tallahassee |

| Articles of Amendment to Articles of Incorporation of | SECRETAR | 2021 OEC -2 | 3715 |
|--|------------|----------------|------|
| ONE LINE EXPRESS INC | EE.0 | | ED |
| (Name of Corporation as currently filed with the Florida Dept. of State) | FL 5 | <u>7</u> | نب |
| P20000003331 | 유지 | _ Q | |
| (Document Number of Corporation (if known) | O A | 0 | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following sits Articles of Incorporation: | amendmen | ıt(s) to | |
| A. If amending name, enter the new name of the corporation; | | | |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A." | | | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| 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 | | | |
| | | | |
| (Florido street address) | | | |
| New Registered Office Address: | | | |
| (Chy) (Σήρ Cox | <i>ιε)</i> | | |
| 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 | | | |

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

From: LAXMY CHACON

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> 14</u> | John Doe | | | | | |
|------------------------|--|------------|-------------------------|----------------------|--|--|--|
| X Remove | <u>.V.</u> | Mike Jones | | | | | |
| _X Add | <u>sv</u> | | Sally Smith | | | | |
| Type of Action | Title | j | <u>Namę</u> | Address | | | |
| (Check One) 1) Change | VΡ | | ILIANA IBANEZ RODRIGUEZ | 11700 SW 226TH TERRA | | | |
| X Add | | | | MIAMI, FL 33170 | | | |
| Remove | | | | | | | |
| 2) Change | | m, who e | | | | | |
| Add | | | | | | | |
| Remove 3) Change | | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 4)Change | namenana dan dan dan dan dan dan dan dan dan | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 5) Change | <u></u> , | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 6) Change | | | | | | | |
| | | | | | | | |
| Remove | | | | | | | |

Page: 6 of 7

| | onal Articles, enter essary). (Be spec | ific) | | | |
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| an amendment provides for implementing | or an exchange, re- | classification, or c | uncellation of issue | d shares, | |
| if not applicable, indications (if not applicable) | te N/A) | I BOL COULTERED IN | the antendantini to | <u> </u> | |
| (i) not applicable, miner | | | _ | | |
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| 11/08/21 | | |
|--|--|---------------------------------------|
| The date of each amendment(s) adoption:date this document was signed. | , i | f other than the |
| Effective date if applicable: | | |
| · (no more | e than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re- | e applicable statutory filing requirements, this date will not cords. | be listed as the |
| Adoption of Amendment(s) (CHECK ON | <u>E</u>) | |
| The amendment(s) was/were adopted by the incorporat action was not required. | tors, or board of directors without shareholder action and shar | cholder |
| ☐ The amendment(s) was/were adopted by the shareholded by the shareholders was/were sufficient for approval. | ers. The number of votes cast for the amendment(s) | |
| The amendment(s) was/were approved by the sharehold must be separately provided for each voting group ent "The number of votes ens: for the amendment(s) by | itled to vote separately on the amendment(s): | 2021 DEC |
| (voting group) |) · · · · · · · · · · · · · · · · · · · | |
| | her officer - if directors or officers have not been if in the hands of a receiver, trustee, or other court duciary) | FILED C-2 AMIO: 50 ARY OF STATE |
| BARBARO V ALON | SO DE LEON | |
| (Typed or p | printed name of person signing) | |
| PRESIDENT | | |
| (Title of pe | rson signing) | |