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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Xpress Transport U	JSA Inc	
DOCUMENT NUMBE			
	**Amendment and fee are su	bmitted for filing.	
Please return all correspond	ondence concerning this ma	tter to the following:	
D	amian Suarez		
		Name of Contact Person	
X	press Transport USA Inc		
_	•	Firm/ Company	
	103 W 72 ST	Time company	
_		Address	 ·
11	IALEAH FL 33018	Marcos	
_	THE STORE	Charles and Charles	
		City/ State and Zip Code	
xpresstr	ansportusainc@gmail.com		
	E-mail address; (to be us	ed for future annual report r	notification)
For further information of	oncerning this matter, pleas	e call:	
Damian Suarez		786	228 6406 day
	()	at (328-6496 dot e & Daytime Telephone Number
Name of	Contact Person	Area Cod	e & Daytime Telephone Number
Enclosed is a check for t	he following amount made p	payable to the Florida Depar	tment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐543.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	ng Address Iment Section on of Corporations ox 6327 assee, FL 32314	Division Clifton	Address nent Section n of Corporations Building secutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

of

	of	Ži	-0 71 7:34	
Xpress Transport USA Inc	· -			
(<u>Name (</u>	of Corporation as currently	filed with the Flor	ida Dept. of State)	
	(Document Number of	Corporation (if know	wn)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this F	Torida Profit Corpo	pration adopts the followin	g amendment(s) t
A. If amending name, enter the new na	ame of the corporation:			
name must be distinguishable and con. "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	uation "Corp," "Inc," or "C	lo". A professiona		
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent and the second seco	<u>OFFICE BOX</u>) nd/or registered office addre	ess in Florida, enter	the name of the	
new registered agent and/or the new Name of New Registered Agent	HECTOR PEREZ			
name of two regiments agent	3103 W 72 ST			-
	(Florida stre	et address)		-
New Registered Office Address:	HIALEAH .	•	, Florida33018	
	• • •	Cityr .	(Zip C	Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiar w	•	bligations of the position.	_

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	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	ty Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	DAMIAN SUAREZ	3103 W 72 ST
Add			HIALEAH, FL 33018
X Remove			
2) Change	P	HECTOR PEREZ	3103 W 72 ST
X Add			HIALEAH, FL 33018
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
			
Add			
Remove			

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<u>in amendment</u> rovisions for in	provides for an exclupion provides for an exclupion provides for an exclusive and the amount of the	<u>hange, reclassific</u> endment if not co	ation, or can	<u>cellation of issu</u> e amendment i	ied shares, teelf:	
(if not applied	able, indicate N/A)	, item to the total to	AICE III CII	c and nament	istr.	
			-			. <u>-</u>
-			· ·	·		
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The date of each amendment(s) a date this document was signed.	doption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	block does not meet the applicable statutory filing requirements, the	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amendr of the approval.	nent(s)
	proved by the shareholders through voting groups. The following state 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)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and share	rholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and sharehold	er
04-02-2020)	
Dated		
61	(1)/	
selectợ	iregior, president or other officer – if directors or officers have not dyby an incorporator – if in the hands of a receiver, trustee, or other ted fiduciary by that fiduciary)	
	Damian Suarez	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	