P20 000006011

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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COVER LETTER

TO: Amendment Section Division of Corporations

. .

NAME OF CORPOR	RATION: Xpress Transport U	JSA Inc	
DOCUMENT NUME	P20000006011		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Hector Perez		
		Name of Contact Person	1
	Xpress Transport USA Inc		
		Firm/ Company	
	3103 W 72 ST		
		Address	
	HIALEAH FL 33018		
		City/ State and Zip Cod	e
xpress	stransportusainc@gmail.com		
·		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Hector Perez	_	at (⁷⁸⁶	328-6496
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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 Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of Xpress Transport USA Inc (Name of Corporation as currently filed with the Florida Dept. of State)

(Name of Corporation as currently	filed with the Florida Dept. of State)	We,
P20000006011		
(Document Number of	Corporation (if known)	7.9
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>H</i> its Articles of Incorporation:	Florida Profit Corporation adopts the follo	wing amendmen
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "Inc.," or the abbreviation "	Co". A professional corporation name m	ast contain the Ave 33055
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent Damian Suarez 19515 NW 5	5th Ave	
(Florida stre New Registered Office Address: Mam CAY de	et address)	3055 Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the positi	on.

Signature of New Registered Agent, if changing

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.

Mike Jones, V as Kemi	ove, ana Sauy S	Smun, Sv as an Ada.	
Example: X Change	PT Je	ohn Doe	
X Remove	<u>V</u> <u>N</u>	Mike Jones	
<u>X</u> Add	<u>sv</u> <u>s</u>	sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	HECTOR PEREZ	3103 W 72 ST
Add			HIALEAH FL 33018
X Remove			10515 NW 55thave
2) Change	<u>P</u>	DAMIAN SUAREZ	MICHNI CHAIDANS FL 33055
X Add			Micely Chardons + L 33055
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)	
		
 		
<u> </u>		
	1 15 di un consultation of insued about	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
_ 		
		•
		_
		_
		_
		_

The date of each amendment(s) adoption:	, if other than the
tate this document was signed.	
Effective date if applicable:	<u></u>
(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 of document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
09-25-2020	
Dated	
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)	
Hector Perez	
(Typed or printed name of person signing)	
President	

(Title of person signing)