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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: RAYNEL EXPRE	SS INC	
DOCUMENT NUM	9 20000011701		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	CAMILA E LOPEZ GARCI	A	
		Name of Contact Persor	1
	PROTAX & FINANCE ADV	/ISORS INC	
		Firm/ Company	
	4238 SW 48TH CT		
		Address	
	FORT LAUDERDALE, FL	33314	
		City/ State and Zip Code	2
	camilaelenalopez@gmail.c	com	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
CAMILA E LOPEZ	C GARCIA	at (3157746
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ai Di P.	ailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

RAYNEL EXPRESS INC.

(Name	of Corporation as currently filed with the	Florida Dent. of State)
P20000011701	,	
	(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit C	Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "chartered," "professional association,"		incorporated" or the abbreviation "Corp.," corporation name must contain the word
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
		
C. Enter new mailing address, if appl		
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	7.5 P. 7.2
	nd/or registered office address in Florida,	enter the name of the
new registered agent and/or the ne		
Name of New Registered Agent	PROTAX & FINANCE ADVISORS, IN	
	4238 SW 48TH CT	DE L
	(Florida street address)	
New Registered Office Address:	FORT LAUDERDALE	33314 , Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if a	hanging Registered Agent: tered agent. I am familiar with and accept	the obligations of the position
Thereby accept the appointment as regis	rever agem. I am jamanar wax com accept	the conguitors of the position.
	C	7
	Signature of New Registered Agent	, if changing

Check if applicable

☐ 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)

Example:

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 Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Nam</u>	<u>oe</u>	<u>Addres</u> s
I) Change	Р	RAY	YNEL RODRIGUEZ PUENTES	3553 W 96TH PLACE
X Add				HIALEAH, FL 33018
Remove				
2) Change				
Add				
Remove 3) Change		_	· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
4) Change			,	
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				
KCHIOVE				

Attach additional sheets, if necessary).	(Be specific)	
·	 	-
	_	
an amendment provides for an exch	nange, reclassification, or cancell	ation of issued shares.
arovisions for implementing the ame	ndment if not contained in the a	mendment itself:
provisions for implementing the ame		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		<u> </u>
(if not applicable, indicate N/A)		
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(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

	on:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departi	does not meet the applicable statutory filing requirements. nent of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without sharehold	er action and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendant for approval.	lment(s)
☐ The amendment(s) was/were approve must be separately provided for each	d by the shareholders through voting groups. The following voting group entitled to vote separately on the amendment(s	statement):
"The number of votes cast for the	ne amendment(s) was/were sufficient for approval	
by	<u></u>	
	(voting group)	
Dated 04 27	3-0	
selected, by	or, president or other officer – if directors or officers have not an incorporator – if in the hands of a receiver, trustee, or oth duciary by that fiduciary)	
RAY	NEL RODRIGUEZ PUENTES	
	(Typed or printed name of person signing)	<u> </u>
PRE	ESIDENT	
	(Title of person signing)	

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