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CALLED STATE CORPORATION

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	RATION:	HOOD EXPRESS INC			
DOCUMENT NUM	BER:				
The enclosed Articles	s of Amendment and fee are s	abmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	ARMANDO AYRA				
	Name of Contact Person				
	THE BROTHERHOOD EXPRESS INC				
		Firm/ Company			
	7952 SUGAR PINE BLVD				
	Address				
	LAKELAND, FL 33810				
		City/ State and Zip Cod	le	53	
	E-mail address:	(to be used for future annua	al report notification)	- ; - ;	
				97 4	
For further information	on concerning this matter, plea	se call:		گذ: سب	
ARMANDO AYRA		786 at (704-3908	- E	
Name of Contact Person			de & Daytime Telephone Number	_	
Enclosed is a check for	or the following amount made	payable to the Florida Dep	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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

THE	RROTH	E Ջ H Ո Ո Ր	FYPPFSS	INC

(Name of Corporation a	s currently filed with the F	lorida Dept. of State)		14.
P20000032225				
(Docume	nt Number of Corporation (i	f known)		•
Pursuant to the provisions of section 607 Incorporation:	7.1006, Florida Statutes, this	corporation adopts the followi	ng amendment(s	s) to its Articles of
A. If amending name, enter the new n	ame of the corporation:			
	- 			_The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corporati	ated" or the al	bbreviation contain the
B. Enter new principal office address,	if applicable:	7952 SUGAR PINE BLVD)	
(Principal office address <u>MUST BE A S</u>		LAKELAND, FL 33810		
				,
			_ _	
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>				-
D. If amending the registered agent an	d/or registered office addr	ess in Florida, enter the name	of the	
new registered agent and/or the new				
Name of New Registered Agent				
	7952 SUGAR PINE BLV	'D		
	(Florida st	reet address)		
New Registered Office Address:	LAKELAND	, Florida	3810 (Zip Code)	
	(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar w	ith and accept the obligations o	of the position.	
Si	gnature of New Registered A	gent, 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)

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.

<u>PT</u>	John Doe	
<u>v</u>	Mike Jones	
<u>sv</u>	Sally Smith	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
P	ARMANDO AYRA	7952 SUGAR PINE BLVD
	- · · · · · · · · · · · · · · · · · · ·	LAKELAND, FL 33810
	<u> </u>	
		
	<u>V</u> <u>SV</u> <u>Title</u>	V Mike Jones SV Sally Smith Title Name

(Attach additional sheets, if necessar	rticles, enter change(s) here: ry). (Be specific)
	
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	-/
an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the amé (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij noi applicable, maicale (VA)	
/	
//////	
//	
	
/	
,	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
Effective date i <u>r applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad by the shareholders was/were	opted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	proved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated6/22/20	020	
Signature		<u> </u>
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	ARMANDO AYRA	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	