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PICK-UP	WAIT	MAIL
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pecial Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

Amendment Section Division of Corporations

ME OF CORPO	ORATION: SAM XPRESS INC		
CUMENT NUN	P21000006216		
enclosed Article	es of Amendment and fee are su	bmitted for filing.	
ise return all corr	respondence concerning this ma	tter to the following:	
	DIXAN HECHAVARRIA		
		Name of Contact Persor	ı — — — — — — — — — — — — — — — — — — —
	<u> </u>	Firm/ Company	
	1716 7TH AVE N		
		Address	
	LAKE WORTH FL 33460		
		City/ State and Zip Code	
	DIXYECHAVARRIA@GM/	AIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
∘r further informat	ion concerning this matter, pleas	se call:	
IXAN HECHAVA	ARRIA	at (	2935680
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
nclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ā D P.	lailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation of

		2	10
(Name o	of Corporation as currently fi	led with the Florida Dept.	
00006216			
	(Document Number of Co	orporation (if known)	
nant to the provisions of section 607. ticles of Incorporation:	1006, Florida Statutes, this <i>Flo</i>	rida Profit Corporation add	opts the following amendment(s
amending name, enter the new na	ame of the corporation:		
			The new
must he distinguishable and contain ," or Co.," or the designation "C rtered," "professional association,"	Corp," "Inc," or "Co". A pi	pany," or "incorporated" o ofessional corporation na	or the abbreviation "Corp"  ime must contain the word
nter new principal office address, cipal office address <u>MUST BE A S</u>			
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Enter new mailing address, if appl	icable:		
Mailing address MAY BE A POST			<del></del>
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	1/	da Florida anton tha man	
amending the registered agent ar	nd/or registered office address	in Florida, enter the nam	ie of the
	w registered office address:		
ew registered agent and/or the new	DIXAN HECHAVARRIA		
	DIXAN HECHAVARRIA		
ew registered agent and/or the new	DIXAN HECHAVARRIA 1716 7TH AVE N	nddress)	
ew registered agent and/or the new Name of New Registered Agent	DIXAN HECHAVARRIA  1716 7TH AVE N  (Florida street	·	33460
ew registered agent and/or the new	DIXAN HECHAVARRIA  1716 7TH AVE N  (Florida street WEST PALM BEACH FL	,	, Florida 33460
ew registered agent and/or the new Name of New Registered Agent	DIXAN HECHAVARRIA  1716 7TH AVE N  (Florida street	,	Florida 33460 (Zip Code)
ew registered agent and/or the new Name of New Registered Agent	DIXAN HECHAVARRIA  1716 7TH AVE N  (Florida street WEST PALM BEACH FL	,	, Florida
ew registered agent and/or the new Name of New Registered Agent  New Registered Office Address:	DIXAN HECHAVARRIA  1716 7TH AVE N  (Florida street WEST PALM BEACH FL  (Ci	,	, Florida
Name of New Registered Agent  New Registered Office Address:  Registered Agent's Signature, if c	DIXAN HECHAVARRIA  1716 7TH AVE N  (Florida street  WEST PALM BEACH FL  (Ci	<i>(y)</i>	(Zip Code)
ew registered agent and/or the new Name of New Registered Agent  New Registered Office Address:	DIXAN HECHAVARRIA  1716 7TH AVE N  (Florida street  WEST PALM BEACH FL  (Ci	<i>(y)</i>	(Zip Code)
Name of New Registered Agent  New Registered Office Address:  Registered Agent's Signature, if c	DIXAN HECHAVARRIA  1716 7TH AVE N  (Florida street  WEST PALM BEACH FL  (Ci	<i>(y)</i>	(Zip Code)
Name of New Registered Agent  New Registered Office Address:  Registered Agent's Signature, if c	DIXAN HECHAVARRIA  1716 7TH AVE N  (Florida street  WEST PALM BEACH FL  (Ci	<i>(y)</i>	(Zip Code)

Check if applicable

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

nending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and ress of each Officer and/or Director being added:

ich additional sheets, if necessary)

se note the officer/director title by the first letter of the office title:

President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief rutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. ident, Treasurer, Director would be PTD.

nges 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 ange, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, e Jones, V as Remove, and Sally Smith, SV as an Add.

mple:	•		
Change	<u>PT</u>	John Doe	
Remove	<u>V</u>	Mike Jones	
Add	<u>sv</u>	Sally Smith	
eck One)	<u>Title</u>	<u>Name</u>	Address
X Change	P	DIXAN HECHAVARRIA	1716 7TH AVE N
Add			LAKE WORTH FL 33460
Remove			
Change			
Add			
Remove Change			
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f amending or adding additional Articles, enter change(s) here:  Attach additional sheets, if necessary). (Be specific)
ENDMENT THE LAST NAME
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

his document was signed.	option:	, if other than the
-	0/2021	
tive date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
If the date inserted in this ble nent's effective date on the Dep	ock does not meet the applicable statutory filing requirements partment of State's records.	, this date will not be listed as the
tion of Amendment(s)	( <u>CHECK ONE</u> )	
e amendment(s) was/were adoption was not required.	pted by the incorporators, or board of directors without sharehol	lder action and shareholder
e amendment(s) was/were adop the shareholders was/were suf	pted by the shareholders. The number of votes cast for the americant for approval.	ndment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
DIXAN HECHAVARR	RIA ".	
<u></u>	(voting group)	
09/09/2021 Dated	——————————————————————————————————————	
	Sall Commencer of the second o	
selected	rector, president or other officer – if directors or officers have not an incorporator – if in the hands of a receiver, trustee, or ot ed fiduciary by that fiduciary)	
	DIXAN HECHAVARRIA	
-	(Typed or printed name of person signing)	. ==
	President	
	(Title of person signing)	