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COVER LETTER

TO: Amendment Section Division of Corporations

, i i

NAME OF CORPOR	RATION: MIAMI EXPRESS	LOGISTICS, INC		
DOCUMENT NUMI	BER: P21000047686			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Sharon Chen			
		Name of Contact Persor	1	
	Deming & Associates CPA			
	Firm' Company			
	15970 W State Road 84 unit	339		
		Address	·	
	Sunrise, FL 33326			
		City/ State and Zip Code	2	
	sharon@fldacpa.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, plea	se call:		
Sharon Chen		at (289 7922	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check fe	r 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, 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

MIAMLEXPRESS LOGISTICS, INC

MAMI EXPRESS LOGISTICS, INC		OF PM
(Name of Corporation as currently filed with the Florida De	epte of State)	DI4 6
21000047686	1011 955 30	PA 3: 54
(Document Number of Corporation (if known)		TE OTATE
		OF STATE
resuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> Articles of Incorporation:	adopts the followi	ng amendment(s
. If amending name, enter the new name of the corporation:		
If amending name, enter the new name of the emporation.		
		Thenew
ame must be distinguishable and contain the word "corporation," "company," or "incorporate Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation chartered," "professional association," or the abbreviation "P.A."	d For the abbreviat I name must conto	ion "Corp", in the word
Enter new principal office address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		 -
. If amending the registered agent and/or registered office address in Florida, enter the	name of the	
new registered agent and/or the new registered office address:	name or the	
The registered agent and or the new registered agent a		
Name of New Registered Agent	-	_
(Florida street address)		
New Registered Office Address:	, Florida	 c Code)
(City)	(2.1/	Coaej
ew Registered Agent's Signature, if changing Registered Agent:	e en en	
hereby accept the appointment as registered agent. I am familiar with and accept the obligat	ions of the position	
		
Signature of New Registered Agent, if changing	ıg	
thank if any back.		
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)	Title	Name	<u>Addres</u> s
1) Change	νp	CUI. WEI	1905 NW 93RD AVE
Add			DORAL, FL 33178
X Remove			
2) Change			
Add			
Remove 3) Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			·
Remove			
6) Change			
Add			
Remove			

ttach <i>additional sheets, if nece</i>	o <mark>nal Articles, enter char</mark> essary). (Be specific)			
•				
			<u> </u>	
				
				
	 			
	,			·
f an amendment provides for	r an evchange, reclassifi	ication, or cancellati	on of issued shares.	
provisions for implementing	the amendment if not c	ontained in the ame	ndment itself:	
(if not applicable, indicate	e N/A)			
	,			

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment tile date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory (iling requirements, the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was were a action was not required.	lopted by the incorporators, or board of directors without shareholde	r action and shareholder
 The amendment(s) was were as by the shareholders was were 	lopted by the shareholders. The number of votes cast for the amendi sufficient for approval	nent(s)
☐ The amendment(s) was/were a must be separately provided for	oproved by the shareholders through voting groups. The hidlawing st reach voting group entitled to vote separately on the amendmentiss	alement
"The number of votes car	t for the amendment(s) was were sufficient for approval	
by		
	(voting group)	
09 22/202 Dated	l ·	
Signature	N. W. W. W.	
(By a select	director, president or other officer – if directors or officers have not it ed, by an incorporator – if in the hands of a receiver, trustee, or other ited fiduciary by that fiduciary)	vourt
	JIXUE MEI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	