## P21000092807

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PICK-UP	WAIT MAIL
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2022 AUG 29 PH 1:0

8/29/2022

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: BRR MD EXPRES	SSINC	
DOCUMENT NUN	1BER: P 21000092807		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	stter to the following:	
	SHOKHIDA UMAROVA		
		Name of Contact Person	1
		Firm/ Company	
	9938 GRANDE LAKE BLV	D 2414	
	ORLANDO, FL 32837	Address	
		City/ State and Zip Code	<u>.                                    </u>
For further informat Natalia Humm	ion concerning this matter, plea		202 85.45
	e of Contact Person	at (904	) 293 8545 de & Daytime Telephone Number
	for the following amount made		•
■ \$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 nendment Section (vision of Corporations O. Box 6327 thahassee, FL 32314	Amend Divisio The Co	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



BRR MD EXPRESS INC

2022 AUG 29 PH 1: 1

(Name of Corporation as current	ty filed with the Florida Dept. of State)		
P21000092807	$\mathcal{H}_{\mathcal{A}}$		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	9938 Grande Lakes Blvd		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Unit 2414		
	Orlando, F1. 32837		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9938 Grande Lakes Blvd		
	Unit 2414		
	Orlando, F1, 32837		
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address			
State ty New Negatierea Agent			
(Florida s	Ireet address)		
New Registered Office Address:	. Florida		
Sen Registere Affice Audiess.	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt: with and accept the obligations of the position,		
- Charles Charles	D. January of Association		
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)

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 F. 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.

Example:

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>Name</u>	Address
1) Change	P	FARZONA SHAROFIDDINOVA	9944 Grande Lakes Blvd
Add			Unit 3130
X Remove			Orlando, Fl. 32837
2) Change	Р	SHOKHIDA UMAROVA	9938 Grande Lakes Blvd
X Add			Unit 2414
Remove 3) Change			Orlando, FL 32837
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<del>-</del>	
Add			
Remove			
6) Change			
Add			
Remove			

aco romanto e a text lata	us, if necessary).— (Be s A SHAROFIDDINOVA	specific) as President and add S	HOKHIDA UMARO	VA as a President of th	is
rporation					
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. If an amendment pro provisions for imple (if not applicable	ovides for an exchange, ementing the amendme g, indicate N/A)	reclassification, or cantilent in	nncellation of issued : the amendment itsel	shares, f:	
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				-	
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	08/15/2022	
The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
08/25/	2022	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	1
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirement artment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the am licient for approval.	nendment(s)
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendmen	ng statement nt(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
all directors	. <del></del>	
<u> </u>	(voting group)	
08/19/2022 Dated	- Mich	br
Signature	ector, president or other officer – if directors or officers have	
selected.	ector, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, or d fiduciary by that fiduciary)	not been other court
	FARZONA SHAROFIDDIA (Typed or printed name of person signing)	VOUA
_	(Typed or printed name of person signing)	
	(Title of person signing)	
-	(Title of parent signing)	<del>-</del>
	( rate or person signing)	