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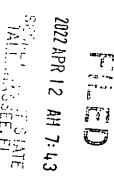
(Requestor's Name)	_
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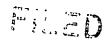
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COVER LETTER

TO: Amendment Section Division of Corpor			•
NAME OF CORPOR		argo Expres	ss Corp.
DOCUMENT NUMB	er: <u>P2200</u>	10017649	
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	oondence concerning this mat	tter to the following:	
-	Aura Po	Odriguez Name of Contact Person	1
-	MBLC	argo Expre	ess Corp
_	1235 D	unad Ave	
-	<u> </u>	CKA, FL 330 City/ State and Zip Code	54
-		ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Auras	2 odriguez	at (305	, 510-9274
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is cuclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
	ndment Section sion of Corporations		iment Section
	Box 6327		on of Corporations entre of Tallahassee
	hassee, FL 32314		N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation



of	•	The Cart of the Ca
MBL Cargo E (Name of Corporation as current)	xpress Corp.	2022 APR 12 AM 7: 43
(Name of Corporation as current)	y lifed with the Florida Dept. (TAL STATE
P 22 0000	17649	MLE. MASSEE, FEE
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation ado	pts 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," "e "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A "chartered," "professional association," or the abbreviation "P.A."	A professional corporation nan	
B. Enter new principal office address, if applicable:	1235 Dunac	Ave
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	opa locka F	L,33054
C. Enter new mailing address, if applicable:	1235 Dunao	Ave
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	opa locka Fl	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		e of the
Name of New Registered Agent AUY Q RO	odriguez	
	unad Ave	
	reet address)	
New Registered Office Address: OPOTOCKA	(City)	Florida <u>33054</u> (Zip Code)
Nam Business de August Signature (C. baseline Berline)	·	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		of the position.
avre L.	Linger	
Signature of New I	Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/arc 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 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.

Example: X Change	<u>PT</u> <u>John</u>	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	Pt	Aura Rodriguez	1235 Dunad Ave
Add			opa 100ka FL, 33054
Remove			
2) X Change	16	MarvinRodriguez	1235 Dunad Ave
Add			opa locka FL,33054
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
· 	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij not applicable, maicale (VA)	
<u>.</u>	
	
	

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The date of each amendment(s) adoption:, if other than t
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 does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
by
Dated 03 30 2022
Signature _ all Kachagers
(By a director, president or other officer - if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
appointed inductary by that inductary)
AUV a lodriguez (Typed or printed name of person signing)
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)