P22000026459





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2027 SEP 26 PM 2: 48

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: MIAMI'S EXPRES	SS BODY SHOP CORP					
DOCUMENT NUME	BER: P22000026489	<u> </u>					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.					
Please return all corres	spondence concerning this ma	tter to the following:					
	MAYLEN RODRIGUEZ						
	Name of Contact Person						
	BEST TRANSPORT AND C	ARRIER SERVICES INC					
	Firm/ Company						
	9550 NW 79 AVE UNIT 9						
	Address						
	HIALEAH GARDENS FL 3.	3016					
	City/ State and Zip Code						
ı	bestearrierservices@gmail.co	om					
	 -	sed for future annual report	notification)				
For further information	n concerning this matter, pleas JEZ	se call: at (
Name (of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ortment of State:				
s35 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		Street Address					
	endment Section	Amendment Section					
	sion of Corporations	Division of Corporations The Centre of Tallahassee					
P.O. Box 6327		2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MIAMI'S EXPRESS BODY SHOP CORP 2022 SEP 26 PH 2: 48 (Name of Corporation as currently filed with the Florida Dept. of State) P22000026489 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association." or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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: ISMAE REYNALDO SANCHEZ Name of New Registered Agent 9695 NW 79 AVE UNIT 47 (Florida street address) HIALEAH GARDENS New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 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 PT John Doc V Mike Jones X Remove \underline{X} Add SV Sally Smith Type of Action Title Address Name (Check One) YULIAN VALDES GARCIA 9695 NW 79 AVE UNIT 47 1) ____ Change HIALEAH GARDENS FL 33016 __ Add Remove 9695 NW 79 AVE UNIT 47 ISMAE REYNALDO SANCHEZ 2) ____ Change HIALEAH GARDENS FL 33016 Add Remove VP. HECTOR LUSSON MENA 9695 NW 79 AVE UNIT 47 Change HIALEAH GARDENS FL 33016 Add __ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ___ Add __ Remove 6) ____ Change __ Add _ Remove

	eets, if necessary).	(Be specific)			
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The date of each amendment(s) ad date this document was signed.	09/20/2022 option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl- document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without shareholder action and	shareholder
■ The amendment(s) was/were adop by the shareholders was/were suf	nied by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
must be separately provided for a The number of votes cast I 100 by 109/20/2022 Dated	roved by the shareholders through voting groups. The following statements each voting group entitled to vote separately on the amendment(s):	2022 SEP 26 PH 2: 48
selected appoints	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary) SMAE REYNALDO SANCHEZ (Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	