P23000032659

(Re	equestor's Name)	•
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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S ROBERTS
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ABLY XPRESS INC DOCUMENT NUMBER: P23000032659 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YAREMI LEMUS Name of Contact Person ABLY XPRESS INC Firm/ Company 5371 NW 200TH TERRACE LOT 409 Address MIAMI GARDENS FL 33055 City/ State and Zip Code ablyxpressine@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YAREMI LEMUS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	VI		
ABLY XPRESS INC			
(<u>Name</u>	of Corporation as currently	filed with the Florida Dep	t. of State)
P23000032659			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	Torida Profit Corporation w	dopts the following amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc." or "Co". A	ompany," or "incorporated" professional corporation n	or the abbreviation "Corp.,"
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)		
		-	202
			- نر
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
			- 1"
			22:
D. If amending the registered agent a			me of the
new registered agent and/or the ne			
Name of New Registered Agent	YAREMI LEMUS		
	5371 NW 200TH TERRAC	E LOT 409	
	(Florida stre	et address)	
New Registered Office Address:	MIAMI GARDENS		, Florida 33055
in in the second		City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered Agent: tered agent. I am familiar w	ith and accept the obligation	ns of the position.
	de	The Contract of the Contract o	·
	Signature of New Re	distered 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.

X Change	PT	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add X Remove			5371 NW 200TH TERRACE LOT 40°
2) Change	VP ———	LIOSBEL ALFONSO SILVA	MIAMI GARDENS FL 33055
Add			
X Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additie	or adding additional and sheets, if necessar	y). (Be specific	c)			
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<u>If an amendr</u> nrovisions f	nent provides for an e or implementing the a	<u>exchange, reclas</u> amendment if no	<u>sification, or car</u> of contained in t	<u>icellation of issu</u> he amendment i	<u>ed shares,</u> tself:	
(if not a _l	pplicable, indicate N/A)			- <u></u>	
				<u> </u>		
						-

The date of each amendment(s) ad	06/06/2323 option:	if other than th
date this document was signed.		
	/2023	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this document of State's records.	ate will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder acti	ion and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for the amendment ficient for approval.	(s)
	roved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by YAREMI LEMUS	••	
<i></i>	(voting group)	
06/06/2023		
Dated		
Signature	Hall I	
	ector president or other officer - if directors or officers have not been	
	, by/an incorporator – if in the hands of a receiver, trustee, or other cou ed fiduciary by that fiduciary)	irt
	YAREMI LEMUS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	