P24000045873

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: LA REYNA XPR	ESS, INC.			
DOCUMENT NUM	IBER:				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	itter to the following:			
	MOSELLA GRAY				
	Name of Contact Person				
Firm/ Company					
Address					
2011 NW 139 Ter Pembroke Pines, FL 33028 City/ State and Zip Code					
MOSMEX81@HOTMAIL.COM					
	=	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:		SECR TAL	2024 AUG -7 PH 1: 35
MOSELLA GRAY		954 at (478-4491	CRETARY OF STAT	_ 9∩
Name of Contact Person			le & Daytime Telephone Number	ASS ASS	ر ج
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:	EH S	- X
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	FATE FL	ည တ
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment Articles of Incorporation of

LA REYNA XPRESS, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P24000045873 (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: MOSELLA GRAY Name of New Registered Agent 2011 NW 139 Ter (Florida street address) Pembroke Pines New Registered Office Address: , Florida (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,

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 Doe X Remove $\underline{\mathbf{V}}$ Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action <u>Title</u> Name Address (Check One) FRED J GRAY 425 LAKEVIEW DRIVE APT 105 1) ____ Change WESTON, FL 33326 ____ Add Remove MOSELLA GRAY 2011 NW 139 TER 2) ____ Change PEMBROKE PINES, FL 33028 ____ Add __ Remove 3) ____ Change _____ Add ____ Remove 4) ____ Change ____ Add __ Remove 5) ____ Change _____ Add ____ Remove 6) ____ Change ____ Add Remove

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 wildocument'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 a action was not required.	vill not be listed as the
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☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	
	nd shareholder
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" (voting group)	
Signature (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) (Typed or printed name of person signing) (Title of person signing)	2024 AUS -7 PH 1: 36 SECRETARY OF STATE TALLAHASSEE, FL

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