## P92000011848

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HAVANA EXPRE	SS, INC.		
DOCUMENT NUME	BER: P92000011848			
	of Amendment and fee are su	bmitted for tiling.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Barbara Yanin Diaz			
		Name of Contact Persor	1	
	HAVANA EXPRESS, INC.			
		Firm/ Company		
	3790 W 12 Avenue	, , , , , , , , , , , , , , , , , , ,		
		Address		
	Hialeah, FL 33012			
	··· · <del></del>	City/ State and Zip Code		
	barbarita@havanaexpressinc.	us		
		sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:	\ \\$42-7597	
Name o	of Contact Person		de & Daytime Telephone Number	
	r the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐\$43.75 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)	
Ame Divi P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Ishassee, 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 to Articles of Incorporation of

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HAVANA EXPRESS, INC.	
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
	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 ".	n," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	<del></del>
,	
C. Enter new mailing address, if applicable:	20 2
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	題 2
	See A C
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-	
Name of New Registered Agent	
(Flori	ida street address)
New Registered Office Address:	, Florida
	(Zip Code)
New Registered Agent's Signature, if changing Registered A	
I hereby accept the appointment as registered agent. I am fami	mar with and accept the obligations of the position.
Signature of A	New Registered Agent, if changing
	- congress of the control of the con

Check if applicable

 $\Box$  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.

Type of Action (Check One)	Example: XChange	<u>PT</u>	John De	<u>pe</u>	
Type of Action (Check One)	X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
Change   Barbara Yanin Diaz   3790 W 12 Avenue	X Add	<u>sv</u>	Sally St	mith_	
1) Change	Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
X       Add       Hialeah, FL 33012         — Remove       —         2)       Change       —         — Add       —       —         — Add       —       —         — Change       —       —         — Add       —       —         — Emove       —       —         5)       — Change       —         — Add       —       —         — Emove       —       —         6)       — Change       —       —		P		Barbara Yanin Diaz	3790 W 12 Avenue
2) Change			<del></del>		Hialeah, FL 33012
AddRemove	Remove				
Remove	2) Change		_		
	Add				
Remove	Remove 3 ) Change				
4) Change					
Add	Remove				
Add	4) Change		_		
Remove					
Add					
Remove	5) Change				
6) Change	Add				
	Remove				
	6) Change				
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Remove					

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	<u>change, reclassificat</u>	ion, or cancellation	of issued shares,	
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The date of each amendment(s) ac	June 01, 2021	, if other than the
t ne date of each amendment(s) at date this document was signed.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
June	01, 2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amenda	nent file date)
Note: If the date inserted in this bedocument's effective date on the De	ock does not meet the applicable statutory filing partment of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors w	rithout shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes c fficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups each voting group entitled to vote separately on	. The following statement the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for app	proval
by		
	(voting group)	
June 01, 20 Dated Signature (by a displacement)	rector, president or other officer – if directors or 1, by an incorporator – if in the hands of a receive	officers have not been
	ed fiduciary by that fiduciary)	
	BARBARA DIAZ	
	(Typed or printed name of person sig	ning)
	PRESIDENT	
	(Title of person signing)	<del></del>