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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	N: ATLANTIC	OVERSEAS EX	PRESS, INC.
DOCUMENT NUMBER:	P97000	22/8/02	
The enclosed Articles of Amer	<i>idment</i> and fee are sub	omitted for filing.	
Please return all corresponden	ce concerning this mat	ter to the following:	
	C. SOFIA	Name of Contact Person	
	ATLANTI	L OVERSEAS E	EXPRESSINC.
		Firm/ Company	
	BFDI NW	17 ST, STE 10	2
		Address	
	DORAL	FL 38126 City/ State and Zip Cod	
		City State and Zip Cod	
		verseas expressed for future annual report	
15-1	nati tidaress. (to be us	ed for fattire annual report	northeadon)
For further information concer	ning this matter, pleas	e call:	
_		_	
Name of Conta	ot Person	at (305) 쿠l도 - 0344 de & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made p	payable to the Florida Depa	artment of State:
	\$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)
Mailing Address			Address
Amendment Division of C			lment Section on of Corporations
P.O. Box 63	27	The C	entre of Tallahassee
Tallahassee. FL 32314			N. Monroe Street, Suite 810

Articles of Amendment Articles of Incorporation of

ATLANTIC OVERSEAS EXPRE	
(Name of Corporation as current)	iv filed with the Florida Dept. of State)
P97000076	<u>+62</u>
(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 adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
4 4	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". endartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	NA
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	-
C. Enter new mailing address, if applicable:	. •
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N A
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	
	÷
Name of New Registered Agent N 🔈	
t.	vet address)
New Registered Office Address: N A	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
I hereby accept the appointment as registered agent. I am familiar v	
N/A	
Signature of New R	egistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (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:	DΤ	Jahn Dan	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change		C. SOFIA GOMEZ-LEON	1 8501 WW 17 ST #102
_X Add			DORALIFE 33126
Remove			
2) Change			
Add			
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)	
-		
	· · · · · · · · · · · · · · · · · · ·	
		_
	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	stration a not contained in the amenantene user.	

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The date of each amendment(s) adoption:	, if other than the
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 require document's effective date on the Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without sh action was not required.	areholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	e amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The foliamust be separately provided for each voting group entitled to vote separately on the amend	
"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 selected, by an incorporator - if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	ave not been , or other court
	oseveH
(Typed or printed name of person signing)	
President	
(Title of person signing)	

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