P02000/19721

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JUN 22 2015 A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION:	ORLDWIDE LOGISTICS	INC.
	BER: P02000119721		
The enclosed Articles	s of Amendment and fee are su	abmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	MARIA LUGO		
		Name of Contact Person	1
	FAST TRACK WORLDWII	DE LOGISTICS INC.	
		Firm/ Company	
	10200 NW 110 AVE SUITE	1	
		Address	
	MIAMI FL 33178		
		City/ State and Zip Code	
	m.lugo2fasttrackgroup.us		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
MARIA LUGO		at (581-4235
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
Am Div	iling Address endment Section rision of Corporations D. Box 6327	Amend Divisio	Address ment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILEU				
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TAST TRACK WORLDWIDE EOGISTICS INC.		Mile July 12
(Name of Corporatio	n as currently filed with the Florida De	pt. of State) - at the Nama
P02000119721		pr. of State
(Docume	ent Number of Corporation (if known)	To the
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation	adopts the following amendment(s) t
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered." "professional association," or the a	" "Inc," or "Co". A professional corpo	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		ame of the
Name of New Registered Agent		
	(Florida street address)	
		F1 /1
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.		ons of the position.
Signa	ture of New Registered Agent, if changing	

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:

(Atlach 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	<u>PT</u>	John Doe	
X Remove	<u>y</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	CLAUDIA CASTANO	10200 NW 110 AVE SUITE 1
Add			MIAMI FL 33178
X Remove			
2) Change	DS	PEDRO BARBERA	10200 NW 110 AVE SUITE 1
Add			MIAMI FL 33178
X Remove			
3) Change	D	JUAN ITURBE	10200 NW 110 AVE SUITE!
X Add			MIAMI FL 33178
Remove			
4) Change	DS	MARIA LUGO	10200 NW 110 AVE SUITE I
X Add			MIAMI FL 33178
Remove			41_44
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
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		<u></u>
<u>lf an amendment provides for an exc</u>	hange, reclassification, or cancellation of issued s	nares,
provisions for implementing the am	endment if not contained in the amendment itself:	
(if you applicable indicate M/4)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		<u> </u>
(if not applicable, indicate N/A)		<u></u>
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		· · · · · · · · · · · · · · · · · · ·
(if not applicable, indicate N/A)		
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(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		,
(if not applicable, indicate N/A)		

The date of each amendment(s) addate this document was signed	loption:		, if other than the
Effective date <u>if applicable:</u>			
the trappitane.	(no more than 90 days o	after amendment file date)	
Note: If the date inserted in this hadocument's effective date on the De		atutory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The numbe flicient for approval.	er of votes cast for the amendment(s)	
	roved by the shareholders through vo each voting group entitled to vote sep	oung groups. The following statement warately on the amendment(s):	
	for the amendment(s) was/were suffic		
by	(voting group)		
	(voting group)		
action was not required. The amendment(s) was/were ado	pted by the board of directors without		
action was not required.		<i>A A</i>	

Signature(By a d	rector, president or other officer - if a	director of heers have not been	
selected	I, by an incorporator – if in the hands ed fiduciary by that fiduciary)		
	ANGEL FIDALGO		
	(Typed or printed name of	f person signing)	
	PRESIDENT		
	(Title of perso	on signing)	v' d'v