## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : I20040000007 : (305)640-0281 Fax Number : (305)640-0282

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN ESTATES LOGISTICS, CORP

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

AUG 1 3 2014

C. CARRUTTE ...

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: ESTATES LOGISTICS CORP
DOCUMENT NUMBER: P13000060175
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
OSMANI CRESPO
(Name of Contact Person)
JESSIE EXPRESS INC
(Firm/ Company)
191 29TH STREET SW
(Address)
NAPLES FL 34117
(City/ State and Zip Code)
LAXMYC2001@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAXMY C	HACON
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(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

**■ \$35** Filing Fee ■ **S43.75** Filing Fee & ■**S43.75** Filing Fee &

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enclosed)

□\$52.50 Filing Fee

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(Additional Copy is

Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahausco, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

14 AUG 12 AH 8:49

Articles of Amendment to Articles of Incorporation

SECRETATI, CO TACDAGASSEE, DUCLOA

		of		
JESSIE EXPRESS INC			2	
(Name of Corporation as currently )	filed with the Flor	rida Dept. of State)		
P07000125277				
(Docum	ent Number of Co	rporation (if known)		<del></del>
Pursuant to the provisions of section 617,100 amendment(s) to its Articles of Incorporation		s, this <i>Florida Not For I</i>	ንofit Corporation a	dopts the following
A. If amending name, enter the new name	of the corporation	on:		
				The new
name must be distinguishahle and contain th "Company" or "Co." may not be used in th		ion" or "incorporated"	or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if a				
(Principal office address MUST BE A STR	<u>EET ADDRESS</u> )			
				-,
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)				
	<del></del>			
	•			
D. If amending the registered agent and/or the new re			iter the name of the	,
	estates of Office wi	181 635.		
Name of New Registered Agent:			<del></del>	
_		Florido street address		
New Registered Office Address:	,	t tou like bit adt mem end)		
			, Florida	
_	(City)			Zip Code)
New Registered Agent's Signature, if chan	ging Registered	Agent:		
! hereby accept the appointment as registere	d agent. I am fan	niliar with and accept th	e obligations of the p	osition.
	01	n		
	Signature of New I	Registered Agent, if char	ISINS	

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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 X_Remove X_Add	PT John Y Mike SV Sally	<u>Dog</u> : <u>Jones</u> Emith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP_	YENISBEL CRESPO	191 29TH STREET
Add			SW NAPLES FL
X Remove			34117
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
.i) Change			
Add			
Remove			
40 <b>/</b> /h			
d) Change			
Add			
Remove			

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E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
attac	h additional sheets.	if necessary).	(Be specific)			
•••						
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				<del></del>		 

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	date of each amendment		, if other than the
-	date this document was signed.  Effective date if applicable:  08/12/2014		
		(no more than 90 days after amendment file date)	
Ado	ption of Amendment(s)	( <u>CHECK ONE</u> )	
¥	The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) oproval.	
	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated 08/	12/2014	
	Signature	2000ic 0000	
	have	e chairman or vice chairman of the board president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	OSMA	NI CRESPO	
		(Typed or printed name of person signing)	
	PRESI	DENT	
	,	(Title of person signing)	