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SECRETARY OF SIATIONS
DIVISION OF CORPORATIONS
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COVER LETTER

Division of Corporations
SUBJECT: RELIABLE EXPEDITERS & LOGISTICS INC (Name of Corporation)
DOCUMENT NUMBER: 71000006213C
Please return all correspondence concerning this matter to the following:
(Name of Person)
RELIABLE EXPEDITORS & LOGISTICS (Name of Firm/Company)
P.O. Box 592302 (Address)
(Address)
ORLANDO, FL 32859-2302 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (407) 557-2714 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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

TO:

Amendment Section

Articles of Amendment to Articles of Incorporation of

				14/
(Document Num	ber of Corpora	ation (if known)		
Pursuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation:	, Florida Stat	tutes, this <i>Florid</i>	la Profit Corporation ac	lopts the followin
A. If amending name, enter the new name of	the corporat	ion:		
				The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the chamber must contain the word "chartered," "prof	designation "	'Corp," "Inc," e	or "Co". A professional	ited" or the corporation
3. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u> T)		
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		P.O. BO	X 590302	<u>—</u>
		ORLANDO	o, A 32859-230	<u></u>
D. If amending the registered agent and/or renew registered agent and/or the new registered			orida, enter the name of	f the
Name of New Registered Agent:				
Name of New Registered Agent: New Registered Office Address:	(Flo	orida street addr	ess)	
	(Flo	orida street addr	, Florida	
	(Flo		·	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	MOHAMED, ZULFIKAR	1470 TROPIC PARK DR SANFORD, A. 32773	_ □ Add _ ☑ Remove
<u> </u>	JAMMOHAMED, M	1470 Teopic PARK DE SAMFOR. PL 32773	_
<u>P</u>	JAHMOH'S, Mazahir	P.O.BOX 592302 OKLANDO, FL 32859-230	_ ⊠ Add 2- □ Remove
(attach d	ading or adding additional Articles, enter additional sheets, if necessary). (Be speci	(fic)	ng feom
CONTOR	Sove Ammediament Shows	inp over the Preside	ut Pole
<u>- الم</u>	Company.		
,,,,,	· · · · · · · · · · · · · · · · · · ·		
provis	mendment provides for an exchange, recions for implementing the amendment if not applicable, indicate N/A)		
		.	
			
<u> </u>			

The date of each amendment	t(s) adoption:
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	are approved by the shareholders through voting groups. The following statement and 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)
action was not required.	are adopted by the board of directors without shareholder action and shareholder action and shareholder action are adopted by the incorporators without shareholder action and shareholder
Signature By sele	director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	PRESIDEH1
	(Title of person signing)