# 11000064848

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**EXAMINER** 

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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-	er to the following:	
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Name of C	Contact Person	
Firm/	Company	
<del></del>		
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selmahidic@ dress: (to be used for fut	Daol.com ure annual report notification)	
g this matter, please	call:	
	· (	33-4547
	Area Code & Daytime Te	lephone Number
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of Status	Certified Copy	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D C	mendment Section ivision of Corporations lifton Building	le
	Debbie's Account Firm/  3575 Source  A Jacksonver City/ State  selmahidic@dress: (to be used for futter get this matter, please are a ling amount made parting amount made parting Fee & of Status	Area Code & Daytime Te ing amount made payable to the Florida Depar ng Fee & \$\Bar{1}\$

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation

### LOGISTIC PROFESSIONALS OF FLORIDA INC.

	200101101110120010111120011112011111111	
	(Name of Corporation as currently filed with the Florida Dept. of State)	
	P11000064848	
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P11000064848	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopted amendment(s) to its Articles of Incorporation:	ots the following
A. If amending name, enter the new name of the corporation:	
LOGISTIC PROFESSIONALS OF FLORIDA, INC.	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional contain the word "chartered," "professional association," or the abbreviation "P.A."	d" or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SECKI BIVISION
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P 26 AM 9:38
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	<u>1e</u>
Name of New Registered Agent:	
New Registered Office Address: (Florida street address)	
, Florida	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the  Signature of New Registered Agent, if changing	position.

# 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
VP	GAZIC, RUSMIR	5310 PHILIPS HWY JACKSONVILLE FL 32207 US	☐ Add ☐ Remove
			☐ Add ☐ Remove
	<del>.</del>		Add Remove
(anuch du	ditional sheets, if necessary). (Be	e specific)	
provisio		ge, reclassification, or cancellation of iss ent if not contained in the amendment i	
Control of the State of the Sta			

The date of each amendment	(s) adoption: 9/21/2011
	(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	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statemend 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)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated 9/21	/2011
sele	a director, president or other officer – if directors or officers have not been ched, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	HADZIABDIC, JASMIN
	(Typed or printed name of person signing)
	President
	(Title of person signing)