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SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. Lewis 14

## COVER LETTER .

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	on: AC WII	L LOGISTICS,	INC.	
DOCUMENT NUMBER:		2000028667		
The enclosed Articles of An	nendment and fee are sub	omitted for filing.		
Please return all correspond	ence concerning this mat	ter to the following:		
	AL	IENIR ALEMAN		
		Name of Contact Persor	<u> </u>	
	AC W/II	L LOGISTICS,		
	AC VVIL		inc.	
	47000 NII	Firm/ Company	T 100	
	17960 NV	V 59TH AVE, AF	71 706	
		Address		
	Mi	IAMI LAKES, FL	. 33015	
		City/ State and Zip Code	0	
	jadire	@hispanicfactor	.org	
- · · · · · · · · · · · · · · · · · · ·		sed for future annual report		
For further information con	cerning this matter, pleas	se call:		
ALIENIR	ALEMAN	at ( 786	510-0239 de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



## AC WILL LOGISTICS, INC. 14 NOV 14 AM 11: 56

(Name of Corporation as currently filed with the F			
(Document Number of Corporation (i			
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:			
	The new		
name must be distinguishable and contain the word "corporatio". "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation"	'Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	17960 NW 59TH AVE, APT 106		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	MIAMI LAKES, FL 33015		
C. Enter new mailing address, if applicable:	47000 NIW FOTH AVE. A DT 400		
(Mailing address MAY BE A POST OFFICE BOX)	17960 NW 59TH AVE, APT 106		
	MIAMI LAKES, FL 33015		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address			
Name of New Registered Agent			
/Flavida au	and address)		
(riorida str	reel address)		
New Registered Office Address: (City)	, Florida (Zip Code)		
(Cuy)	(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 position.

Signature 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:

(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: X Change	PT Jol	<u>hn Doe</u>	
X Remove	<u>V</u> <u>M</u> i	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	<u>VP</u>	LISSET MULET	17960 NW 59TH AVE,
Add			APT 106, HIALEAH,
X Remove			FL 33015
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		·	
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

(Attach	additional shee	ets, if necessary).	(Be specific)	uecis) neie.		
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<u>If an an</u>	nendment pro	vides for an exc	hange, reclassif	ication, or cand	ellation of issue	d shares,
<u>provisi</u> ( <i>if</i>	ions for imple: not applicable	menting the am , indicate N/A)	endment if not o	contained in the	amendment its	<u>elf:</u>
1/A		·				
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* 4			
The date of each amendment(s) adop	tion:	11/04/2014	FILED SECRETARY OF STATE SIVISION OF CORPORATION
Effective date <u>if applicable</u> :		11/06/2014	MOVELL AMIL: 56
Effective date it applicable.	(no more t	than 90 days after amend	ment file date)
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopte by the shareholders was/were suffic		s. The number of votes ca	ast for the amendment(s)
☐ The amendment(s) was/were approvious to be separately provided for each			
"The number of votes cast for			roval
by			
	(voting group)		
The amendment(s) was/were adopte action was not required.	d by the board of dir	ectors without shareholde	er action and shareholder
☐ The amendment(s) was/were adopted action was not required.	ed by the incorporator	rs without shareholder act	tion and shareholder
Dated	11/06/2014	4	
Signature			
(By a direct selected, but the selected, but the selected		er officer – if directors or if in the hands of a receive uciary)	
	A	LIENIR ALEMA	۸N
_	(Typed or pi	rinted name of person sig	ning)
		PRESIDENT	
<del></del>	(Title of	noscon signing)	