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R. WHITE

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: ____ 4 LOGISTICS, INC. P15000008780 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DANIEL A. MILIAN, ESQ. Name of Contact Person LAW OFFICE OF DANIEL A. MILIAN, P.A. Firm/ Company 306 ALCAZAR AVENUE, SUITE 303A Address **CORAL GABLES, FLORIDA 33134** City/ State and Zip Code damilian@danielmilianlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIEL A. MILIAN, ESQ. Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



4 LOGISTICS, INC.

16 JUL 18 PH 12: 35

	of Corporation as currently	filed with the Florida Dept. of State) TALLEGE	14 ₀ [4 ₀
P15000008780			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the following ame	ndment(s) to
A. If amending name, enter the new na	me of the corporation:		
GRUPO AGROHERNI USA, INC.		The	new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbrevio". A professional corporation name must contain. "A."	ation in the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		306 ALCAZAR AVENUE	
		SUITE 303A	
		CORAL GABLES, FL 33134	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		306 ALCAZAR AVENUE	
		SUITE 303A	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the	_
Name of New Registered Agent	LAW OFFICE OF DANIEL A. MILIAN, P.A.		
	306 ALCAZAR AVENUE	, SUITE 303A	
	(Florida stre	et address)	
New Registered Office Address:	CORAL GABLES	33134 , Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		ith and accept the obligations of the position.	
	Signature of New Re	gistered 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)

Example:

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	N4 PROJECT USA LLC	2980 CORAL WAY
Add			#CU4
X Remove			MIAMI, FL 33145
2) Change	Р	DANIEL A. MILIAN	306 ALCAZAR AVENUE
X Add			SUITE 303A
Remove			CORAL GABLES, FL 33134
3) Change		<u></u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	<u> </u>		
Remove			

	ling or adding addition Aditional sheets, if neces	sary). (Be specific)			
V/A		(20 apolyto)	,			
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	ndment provides for a ns for implementing th	<u>n exchange, reclassi</u> le amendment if not	<u>fication, or cancella</u> contained in the am	<u>tion of issued shar</u> endment itself:	<u>es,</u>	
If an ame		V/A)				
provision	ot applicable, indicate λ	·····				
provision (if no	ot applicable, indicate N	·····)				
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The date of each amendment(s) ac	loption:	, if other than th
date this document was signed.		
	IGUST 1, 2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	·
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the ame fficient for approval.	ndment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	g statement t(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	."	
- ,	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sl	nareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareh	older
Dated 7	13/16.	
selecte	irector, president or other officer – if directors or officers have a d, by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
	DANIEL A. MILIAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	