Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000073030 3)))



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To:

Division of Corporations

Fax Number : (850)617-5380

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : I20040000007 Phone : (305)640-0281 Fax Number : (305)489-2902

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 **CLOVER LOGISTICS CORP**

Certificate of Status	0
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Page Count	01
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FE . . LUL1

COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: CLOVER LOGIS	TICS CORP	
DOCUMENT NUMBER: P16000096692		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
KEYLER NAUN		
	Name of Contact Person	1
CLOVER LOGISTICS COI	राष्ट्र	
	Firm/ Company	/
14460 SW 114TH ST		
	Address	
MIAMI FL 33186		
	City/ State and Zip Code	
GAIL.LAXMYSCARRIER	@GMAIL.COM	
E-mail acidress: (to be t	ised for future annual report	notification)
For further information concerning this matter, plea	ase call:	
LAXMY CHACON	at (³⁰⁵	de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Depo	artment of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	. Amend Divisio The C 2415 ?	Address Iment Section In of Corporations entre of Tallahassee N. Monroe Street, Suite 810 Issee, FL 32303

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Articles of Amendment to Articles of Incorporation of

/21 0.23				
(Name of Corporation as currently	filed with the Florida Dept	, of State)		
216000096692				
(Document Number of C	Corporation (if known)			
Pursuant to the provisions of section 507.1006, Florida Statutes, this Flas Articles of Incorporation:	orida Profit Corporation ac	lopts the follow	wing amo	endment(s) t
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and contain the word "corporation," "co. Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A point of the abbreviation "P.A."			ation "C	
3. Enter new principal office address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)	14460 SW 114TH ST			
	MIAMI FL 33186			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14460 SW 114TH ST			
	MIAMI FL 33186			
		,	2°= 3	
			<u>-</u>	
 If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address; 	ss in Florida, enter the nar	ne of the	1.5	
Name of New Registered Agent		in	15	1.4
		in the	=	
(Fiorida stree	t address)			
New Registered Office Address: . Flor		, Florida		
	lity)		ip Code)	

To: 18506176383 Page: 5 of 7 2021-02-22 19:20:27 GMT 13054892902 From: LAXMY CHACON

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	PT	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	ADRIAN HERNANDEZ PEREZ	14460 SW 114TH ST
X Add			MIAMI FL 33186
Remove			
2) X Change	P	KEYLER NAUN PEREIRA	14460 SW 114TH ST
Add			MIAMI FL 33186
Remove 3)Change	· - ,,		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

Tp: 18506176383 Page: 6 of 7 2021-02-22 19:20:27 GMT 13054892902 From: LAXMY CHACON

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f un amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
,	
······································	

	02/22/2021	
The date of each amendment(s) adoption date this document was signed.	f	, if other than the
02/22/2021 Effective date <u>if applicable</u> :		
	(na more than 90 days after an	nendment file datej
Note: If the date inserted in this block do document's effective date on the Department	es not meet the applicable statutory nt of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of direct	ors without shareholder action and shareholder
The amendment(s) was/were adopted by by the shareholders was/were sufficient		otes cast for the amendment(s)
The amendment(s) was/were approved b must be separately provided for each vo	by the shareholders through voting grotting group entitled to vote separate!	oups. The failowing statement you the amendment(s):
"The number of votes cast for the	amendment(s) was/were sufficient fo	or approval
by		,
	(voting group)	
02/22/2021		
Dated	$\frac{1}{2}$	
Signature		_
(By a director, selected, by an	president or other officer – if director incorporator – if in the hands of a re- ciary by that fiduciary)	
KEYLI	ER NAUN PEREIRA	
	(Typed or printed name of person	n signing)
PRESI	DENT.	
	(Title of person signing)	