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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Toscano Lo	ogistics, Inc.			
DOCUMENT NUMI	BER: P1200008903	80			
	of Amendment and fee are su				
Please return all corre	spondence concerning this ma	tter to the following:			
	Derek Breen				
		Name of Contact Person	n		
	Breen Acounting	& Tax Service I	nc		
		Firm/ Company			
	3359 W Vine St 5	Suite 104			
		Address			
	Kissimmee FL 34	741			
		City/ State and Zip Cod	<u> </u>		
سر حالم	a a m @fltma a m i'a a	,			
dbr	een@fltaxservice	.COM sed for future annual report			
	E-man address; (to be us	sed for future annual report	noutication)		
For further information	n concerning this matter, pleas	se call:			
Derek Breen		_{at (} 407	931-2344		
Name (of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment 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)		
	ling Address		Address		
	sion of Corporations	Amendment Section Division of Corporations			
	Box 6327	Clifton Building			
Talla	ihassee, FL 32314	2661 Executive Center Circle			
		Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

14 AUG 27 AM 8: 49

TOSCANO LOGISTICS, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE
PALEARASSEE, FLORIDA

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(Documen	t Number of Corporation (if known)	•	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpo	ration adopts the following	g amendment(
A. If amending name, enter the new na	me of the corporation:			
VISA LOGISTICS, INC.				The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc." or '	"Co". A professional		bbreviation
B. Enter new principal office address,	if annlicable:	3391 W Vi	ne St	
(Principal office address MUST BE A ST		Suite 303		
		Kissimmee	FL 34741	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3391 W Vine St		
		Suite 303		
		Kissimmee	FL 34741	
D. If amending the registered agent an new registered agent and/or the new			the name of the	
Name of New Registered Agent	Derek Breen			
	3359 W Vine S	t Suite 104		
		reet address)	P	
New Registered Office Address:	Kissimmee		Florida 34741	
	(City)	· · · · · · · · · · · · · · · · · · ·	(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as registe ————————————————————————————————————		with and accept the ob	ligations of the 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)

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 <math>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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	Felipe TOSCANO	2308 Enfield Ct
Add			Orlando FL 32837
Remove			
2) Change	Р	Marcelo RODRIGUES	139 Longview Ave
✓ Add			Celebration FL 34747
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

E. <u>If ame</u> (Attach	ending or adding additional Article additional sheets, if necessary).	les, enter change(s) here: (Ra spacific)
n/a	tuuumonan sheets, ij heeessanyy.	(in specific)
		The state of the s
. <u>Ifan ai</u>	mendment provides for an exchan	nge, reclassification, or cancellation of issued shares,
provis	sions for implementing the amend if not applicable, indicate N/A)	Iment if not contained in the amendment itself:
n/a	inor appreadic, marcare 1971;	

date this document was signed.	adoption:	, if other than the
Effective date if applicable: 08	3/22/2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were acaction was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated_08/22/2	2014	
Signature		_
select	director president or other officer – if directors or officers have not been led, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Marcelo RODRIGUES	
	(Typed or printed name of person signing)	_
	President	
	(Title of person signing)	