Division of Corporations Electronic Filing Cover Sheet

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.

(((H15000298697 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : ELO ENTERPRISES, INC

Account Number : I20150000109

Fax Number

: (561)544-8862 : (954)697-0130

**Enter the email address for this business entity to be used for Hture annual report mailings. Enter only one email address please.

Email	Address:					

COR AMND/RESTATE/CORRECT OR O/D RESIGN ATLANTIS LOGISTICS & SERVICES, INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

DEC 21 2015 A RAMSEY 2015-12-18 10:38

1 >> 850-617-6381 P 2/5

Articles of Amendment to Articles of Incorporation of 15 DEC 18 PM 1:57

ATLANTIS LOGISTICS & SERVICES, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATLANTIS LOGISTICS & SERVICES, INC	TALLAHASSEE
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P13000098471	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation;	is Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
N/A	<i>t</i> 77
name must be distinguishable and contain the word "corporate" "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
• •	N/A
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET AD</u> DRESS)	
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>##:</u>
Name of New Registered Agent	
(Florida si	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agen	
hereby accept the appointment as registered agent. I am familiar	
	- · ·
A	
Signature of New I	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 John	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
_X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	yeneral Direct	CYNTHIA MAGNANI PISSURNO	4700 NW BOCA RATON BLVD
Add			STE 202-B
Remove			BOCA RATON, FL 33431
2) Change			
Add			
Remove			
3) Change	********		
Add			
Rcmovc			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			Name of a second party of
Add			
Remove			

radui <i>uaainon</i>	adding additional Articles al sheets, if necessary).	(Be specific)	_		
			· · · · · · · · · · · · · · · · · · ·	<u> </u>	·=-··
				······································	
				1	
				·	_,,,*/
·			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
					
					_
		<u></u>			·
an amendmer	t provides for an exchar	nge, reclassification	, or cancellation of	issued shares,	
(if not appl	mplementing the amend icable, indicate N/A)	iment it not contain	<u>ied in the amendme</u>	it itsell:	
				,	
· · · · · · · · · · · · · · · · · · ·					

	DECEMBER 16TH, 2015	
The date of each amendment(s) a date this document was signed.		, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendmental option of the approval.	ent(s)
	proved by the shareholders through voting groups. The following start each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	ı
DECEMB Dated	ER 16TH, 2015	
	eria O Cha mani Bellindo	
	irector, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other c	
	ted fiduciary by that fiduciary)	Dari
	MARIA ANGELICA MAGNANI BELLINHO	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	PRESIDENT	
	(Title of person signing)	

1