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Division of Corporations

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From:

c÷,

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number : 076770003401 Phone : (305)381-8108 Fax Number : (305)381-8109

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

Email Address: GN@ATTORNEYMIAMI.COM

## COR AMND/RESTATE/CORRECT OR O/D RESIGN RED LOGISTICS CORP.

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## **COVER LETTER**

TO: Amendment Section Division of Corporations RED LOGISTICS CORP. NAME OF CORPORATION: P01000082813 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Alexis I. Marrero Koratich, Esq. Name of Contact Person Geoffrey M. Wayne, P.A. Firm/ Company 135 San Lorenzo Ave., PH 840 Address Coral Gables, FL 33146 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 ) 381-8108

Area Code & Daytime Telephone Number Cindy E. Calderon Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation of

RED LOGISTICS CORP.	
(Name of Corporation as	s currently filed with the Florida Dept. of State)
P01000082813	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpo	oration:
	The new
name must be distinguishable and contain the word "corpor". Inc.," or Co.," or the designation "Corp," "Inc.," or "chartered," "professional association," or the abbreviate	pration," "company," or "incorporated" or the abbreviation "Corp.,"  "Co". A professional corporation name must contain the word tion "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)
C. Enter new mailing address, if applicable:	To -
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered	office address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent	
<del></del>	(Florida street address)
New Registered Office Address:	, Florida
	(City) (2ip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	m familiar with and accept the obligations of the position.
Signatur	re of New Registered Agent, if changing
Check if applicable	

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

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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:

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(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 Do	<u>c</u>	
$\underline{X}$ Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sm	n <u>ith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
i) Change	DPST	_	GABRIEL ZNIDARCIC	2789 NW 82 AVENUE
X Add				DORAL, FL 33122
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		<del></del>
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

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Attach <i>addi</i>	tional sheets, if necessar	y). (Be specific)				
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DocuSign Envelope ID: 7639C180-9E4D-43EB-85CD-97440CE41F7C June 13, 2013 The date of each amendment(s) adoption: , it other than the date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes east for the amendment(s) was/were sufficient for approval (voting group) 9/8/2020 Dated (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) GABRIEL ZNIDARCIC (Typed or printed name of person signing) President, Secretary, Treasurer, and Sole Director (Title of person signing)