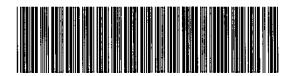
## P05000131378

Office Use Only



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16 AUG-1 PH 12: 42

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO  | DRATION: LOGIN LOGISTIC                     | CS USA, CORP  |  |   |  |
|--|---|---|--|---|--|
| DOCUMENT NUN   | 4BER: P05000121378                          |   |  |   |  |
| •  | es of Amendment and fee are su              | bmitted for filing.   |  |   |  |
| Please return all core   | respondence concerning this ma              | tter to the following:  |  |   |  |
|  | CAMILA PANTANO                              |   |  |   |  |
|  |   | Name of Contact Perso   | n  |   |  |
|  | LOGIN LOGISTICS USA CORPORATION             |   |  |   |  |
| ·  | Firm/ Company                               |   |  |   |  |
|  | 1345 NW 98TH CT - UNIT 8                    |   |  |   |  |
|  | Address                                     |   |  |   |  |
|  | DORAL - FL 33172 - USA                      |   |  |   |  |
|  |   | City/ State and Zip Cod   | e  |   |  |
| CA   | MILA@LOGINADUANA.CO                         | М   |  |   |  |
|  | _   | sed for future annual report  | notification)  | -                                       |  |
|  | ·   | ·   | ,  |   |  |
| For further informat   | ion concerning this matter, plea            | se call:  |  |   |  |
| CAMILA PANTANO   |   | 786<br>at (   | 336-9920   |   |  |
| Name of Contact Person   |   | at (786 ) 336-9920  Area Code & Daytime Telephone Number  |  | mber                                    |  |
| Enclosed is a check  | for the following amount made               | payable to the Florida Dep  | artment 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) | 16 AUG - 1 PM 12: 42 SECRETANT OF STANF |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle |  | PM12: 42                                |  |

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of

| LOGIN LOGISTICS US   | A, CORP                      |  |                        |           |           |             |
|--|------------------------------|--|------------------------|-----------|-----------|-------------|
| (Name o  | of Corporation as currently  | y filed with the Florida Dept.   | of State)              |           |           |             |
| P05000121378   |                              |  |                        |           |           |             |
|  | (Document Number of          | Corporation (if known)   |                        |           |           |             |
| Pursuant to the provisions of section 607 its Articles of Incorporation:   | 1006, Florida Statutes, this | Florida Profit Corporation ad  | opts the fo            | llowing a | mendm     | ent(s) to   |
| A. If amending name, enter the new na  | ame of the corporation:      |  |                        |           |           |             |
| N/A  |                              |  |                        | T         | he nev    | w           |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | nation "Corp," "Inc," or "   | Co". A professional corpora  | rated" or<br>tion name | the abbi  | eviatio   | n           |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )    |                              | N/A  |                        |           |           |             |
|  |                              |  |                        |           |           |             |
|  |                              | <del></del>  |                        |           |           |             |
|  |                              |  |                        |           |           |             |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                              |                              | N/A  |                        |           |           |             |
|  |                              |  |                        |           |           |             |
|  |                              |  |                        |           |           |             |
|  |                              |  |                        |           |           |             |
| D. If amending the registered agent an<br>new registered agent and/or the ne   |                              |  | e of the               |           |           |             |
|  | N/A                          | <u>.</u>   |                        |           |           |             |
| Name of New Registered Agent   | 14/14                        |  |                        |           |           |             |
|  |                              |  |                        |           |           |             |
| •  | (Florida str                 | eet address)   |                        | =         |           |             |
| New Registered Office Address:   | N/A                          |  | Florida                | NES SE    | 5         | العمديم     |
|  |                              | (City)   |                        | (Lip Qod  | le E      | 11          |
|  |                              |  |                        | 25.5      | 1         |             |
| N B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                              |  |                        | 43-1      | -0        | T.          |
| New Registered Agent's Signature, if of I hereby accept the appointment as regis                                     |                              |  | s of the no:           | ition.'   |           | -           |
| Thereof accept the appointment on region   | agem. · amjamma ·            | The time the time the time the time to the | ig ine pos             | 35        | PH 12: 42 | W. M. P. P. |
|  | Signature of Nov. L          | Registered Agent if changing   |                        |           |           |             |
|  |                              | CEPLACICA APERIL II CRANVINY   |                        |           |           |             |

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                  | <u>PT</u>                | John Doe           |                       |
|----------------------------|--------------------------|--------------------|-----------------------|
| X Remove                   | $\underline{\mathbf{V}}$ | Mike Jones         |                       |
| _X Add                     | <u>sv</u>                | Sally Smith        |                       |
| Type of Action (Check One) | <u>Title</u>             | Name               | <u>Addres</u> s       |
| 1) Change                  | DS                       | JOSE CARLOS FARINA | 4780 NW 102 AVE # 203 |
| X Add                      |                          |                    | DORAL - FL - 33178    |
| Remove                     |                          |                    |                       |
| 2) Change                  |                          |                    |                       |
| Add                        |                          |                    | ···                   |
| Remove                     |                          |                    |                       |
| 3 ) Change                 |                          |                    |                       |
| Add                        |                          |                    |                       |
| Remove                     |                          |                    |                       |
| 4) Change                  |                          |                    |                       |
| Add                        |                          | ·                  |                       |
| Remove                     |                          |                    | <del> </del>          |
| 5) Change                  |                          |                    |                       |
|                            |                          |                    |                       |
| Add                        |                          |                    | · · · ·               |
| Remove                     |                          |                    |                       |
| 6)Change                   |                          |                    |                       |
| Add                        |                          |                    |                       |
| Remove                     |                          |                    |                       |

| E. If amending or adding additional Articles, enter change(s) here: ('Attach additional sheets, if necessary). (Be specific) |
|--|
| N/A  |
| IVA  |
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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,                             |
| provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)       |
| N/A  |
| IVA  |
|  |
|  |
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| The date of each amendment(s) ac date this document was signed.          | loption:   | , if other than th   |
|--|--|--|
| Effective date <u>if applicable</u> :                                    |  | <del></del>  |
|  | (no more than 90 days after amendment file date)   |  |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the applicable statutory filing requirements, this date was partment of State's records.  | ill not be listed as th  |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |  |
| The amendment(s) was/were ado by the shareholders was/were su            | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.   |  |
|  | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):  |  |
| "The number of votes cast  | for the amendment(s) was/were sufficient for approval  |  |
| by   |  |  |
|  | (voting group)   |  |
| action was not required.  □ The amendment(s) was/were add                | pted by the board of directors without shareholder action and shareholder  |  |
| action was not required.   |  |  |
| 07/27/2<br>Dated   | 016  |  |
| Signature  | ( autaus.  |  |
| (By a d<br>se <del>loste</del> t   | irector, president or other officer – if directors or officers have not been a, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) |  |
|  | CAMILA PANTANO   |  |
|  | (Typed or printed name of person signing)  | <del></del>  |
|  | DIRECTOR, SECRETARY ,  |  |
|  | (Title of person signing)  | FILED  16 AUG-1 PH 12:  SECULE VANCE OF STR  |
|  |  | 15 No. 15 |