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(Re	equestor's Name)	•		
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PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			





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10/02/14--01017--013 **35.00

Amend 10.10,14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BP LOGIS	TIC,INC	
DOCUMENT NUMBER: P050001423		
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
PEDRO SIERFA	A	
	Anne of Contact Person	1
1445 SW 122 A	VE. #7	
	Address	
MIAMI,FL 3318	4	
	City/ State and Zip Code	e
BPLOGISTI@GMA	AIL.COM	
E-mail address: (to be used		notification)
For further information concerning this matter, please	call:	
PEDRO SIERRA	_{at (} 305 ·	216-8453
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florida Depa	urtment of State:
■ \$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation of



BP LOGISTIC, INC

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

(Maine of Corporation as cuttently then with the Fibrida Dept. of State)
P05000142314
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(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 address:
IOEL SIERRA
Name of New Registered Agent
132 NOTTINGHAM RD.
(Florida street address)
New Registered Office Address: ROYAL PALM BEACH, Florida 33411
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent;
I hereby accept the appointment as registered agent. A am familiar with and accept the obligations of the position.
1 ienth
Signature of New Registered Agent, if changing
$\setminus \}$

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 Remove X Add X Sy Sally Smith Type of Action (Check One) Dille Name Address Address Address Title Name Address Address Title Name Address Address Total Name Address Remove Add Remove Total Name Address Address Address Total Name Address Address Total Name Address Address Total Name Address Address Address Total Name Address Address Address Total Name Address Address Address Address Total Name Address Address Address Address Address Address Total Name Address Address	
_X Add SV Sally Smith Type of Action (Check One) 1) Change VP JOEL SIERRA 132 NOTTINGHAM RD Remove 2) Change	
(Check One) 1) Change VP JOEL SIERRA 132 NOTTINGHAM RD ROYAL PALM BEACH, Remove 2) Change Add Remove	
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	nal sheets, if necessary). (Be specific)
 	
	
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The date of each amendment(s) adoption: 09/30/2014	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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 cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated 09/30/2014	
Signature	
(By a director, prospen 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)	
PEDRO SIÈRRA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_