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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BEBO LOGISTIC	S, INC.		
	BER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	WAYNE A. HENRY			
		Name of Contact Persor	1	
	BEBO LOGISTICS, INC.			
		Firm/ Company	<del>_</del>	
	1895 PLANTATION CIR SE			
		Address	-	
	PALM BAY, FL 32909			
		City/ State and Zip Code		
	WAYNEA0630@GMAIL.C	OM		
	E-mail address: (to be us	sed for future annual report	notification)	
		. 11.		
For further informatio	n concerning this matter, pleas	se call:		
WAYNE A. HENRY		at ( <u>954</u>	290-3256	
Name of Contact Person		at (954 ) 290-3256  Area Code & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Co	Address Iment Section In of Corporations In of Tallahassee I. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

BEBO LOGISTICS.	INC.	

(Name of	Corporation as currently	filed with the Florida Dept. of State)		
P06000004245		,		
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this Fl	orida Profit Corporation adopts the fo	llowing am	endment(s) to
A. If amending name, enter the new nar	me of the corporation:			
N/A			The	new
name must be distinguishable and contain t "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	$orp_i$ " "Inc," or "Co". A	mpany," or "incorporated" or the abb professional corporation name must	reviation "C	Jorp., "
B. Enter new principal office address, if applicable:		N/A		
(Principal office address <u>MUST BE A ST</u>	<u>KEET ADDRESS</u> )			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1895 PLANTATION CIR SE		2020 <b>0</b> CT
(Maring Marine Marine)	- 1 - 022 <u>,123,022</u>	PALM BAY, FL 32909		
			· <del>-</del> · · ·	-7
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent		ss in Florida, enter the name of the	<del></del> .	PM 5: 41
-	(Florida stree	t address)		
New Registered Office Address:	N/A	. Florida		
	(0	Tity)	(Zip Code)	
New Registered Agent's Signature, if ch. I hereby accept the appointment as register		th and accept the obligations of the po.	sition.	
	Signature of New Reg	istered Agent, if changing		
Check if applicable  ☐ The amendment(s) is/are being filed put	rsuant to s. 607.0120 (11) (e	), F.S.		

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)

Example:

Please note the officer/director title by the first letter of the office title:

1 1 15

næ

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>1'-1</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	TARANE CASSELL	1895 PLANTATION CIR, SE
X Add			PALM BAY, FL 32909
Remove			
2) Change			<del></del>
Add			
X Remove 3) Change	S	WAYNE A. HENRY	1895 PLANTATION CIR, SE PALM BAY, FL 32909
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach addition	r <u>adding additional Art</u> nal sheets, if necessary).		(a) acre.		
N/A 					
<del></del> ,					
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- · · <u>·</u>					
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<u>-</u>			-	***************************************	
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				·	
F. <u>If an amendm</u>	ent provides for an excl	hange, reclassifica	tion, or cancellatio	n of issued shares,	
provisions to: (if not app	r implementing the ame olicable, indicate N/A)	endment it not con	tained in the amer	idment itself:	
N/A					
		-			
					<del></del>
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		··	-		
			· -		
			-		

	SEPTEMBER 25, 2020	
The date of each amendate this document was	idment(s) adoption:signed.	_, if other than the
Effective date if applic	SEPTEMBER 25, 2020 cable:	
	(no more than 90 days after amendment file date)	
	ted in this block does not meet the applicable statutory filing requirements, this date will atte on the Department of State's records.	not be listed as the
Adoption of Amendme	ent(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was not required.	was/were adopted by the incorporators, or board of directors without shareholder action and stred.	hareholder
	was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	
	vas/were approved by the shareholders through voting groups. The following statement provided for each voting group entitled to vote separately on the amendment(s):	
	of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	ture a Shanin	
Signa	iture a Dismin	_
-	(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)	
	WAYNE A. HENRY	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	