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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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· (Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





02/24/15--01017--006 \*\*35.00

## COVER LETTER

TO: Amendment Section				
Division of Corporations				
NAME OF CORPORATION: LITT CONSTICS IN C.				
DOCUMENT NUMBER: PO 6000 126746.				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Innette Trimino				
LTALOGISTICS, In C.				
14331 SW 120th Street #203				
MIami, 42 33186.				
City/ State and Zip Code				
annelle @ 1741 paistics com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
V. + 701 1009				
Name of Contact Person  Area Code & Daytime Telephone Number				
·				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to

## Articles of Incorporation

on Edu SECALIATY OF STATE DIVISION OF CORPORATIONS

of	45 550 01	514.1
L-TA Indistics, Inc.	15 FEB 24	PM 4: [4
(Name of Corporation as currently filed with the Florida Dept. of State)		
P06000 126 146		
(Document Number of Corporation (if known)	. <u>.</u>	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> its Articles of Incorporation:	adopts the following a	imendment(s) to
A. If amending name, enter the new name of the corporation:	7	The new
name must be distinguishable and contain the word "corporation," "company," or "inco "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corp word "chartered," "professional association," or the abbreviation "P.A."	rporated" or the abb	reviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<del>^</del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>1</u> 1) -	
D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:	name of the	
Name of New Registered Agent  A  A		
(Florida street address)		
New Registered Office Address:, Flori		
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligat	ions of the position.	
V ) / A		

Signature of New 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	<u>PT</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	$\overline{V}$	Irimino, Lester SR.	14331 Sco 120th street Suite 203.
Add			Suite 203.
Remove		,	Miami, \$1 33186.
2) Change		<u> </u>	
Add			
Remove		r \ 1.	
3) L Change			
Add Remove			
Remove		NA	
4) Change		<i>N/H</i>	
Add			
Remove		`7	
5) Change		N/a	
Add			
Remove		. 1	
6) Change		N/A	
Add		1	
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).		
	~ <i>\\ \/</i> 4 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	- /	
-		
f an amendment provides for an exch	change, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
	,	
	1 / 1	
	- N/H	
	· · · · · · · · · · · · · · · · · · ·	

	n)/4	YPATEROES Se no monenta	OF STATE <u>DEFORATIO</u> NG other than the
The date of each amendment(s) adoption:		BINICION OF GO	<u> </u>
date this document was signed.	~ 7	15 FEB 24	DM I. II.
Effective date if applicable:	<u> </u>		
(no)	more than 90 days after a	nendment file date)	
Adoption of Amendment(s) (CHECK	ONE)		
The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approv		tes cast for the amendme	nt(s)
The amendment(s) was/were approved by the share must be separately provided for each voting group	cholders through voting grootnited to vote separatel	oups. The following staty on the amendment(s):	ement
"The number of votes cast for the amendmen	t(s) was/were sufficient fo	r approval	
byA)/A		15	
(voting gr	oup)	<del></del> ·	
The amendment(s) was/were adopted by the board action was not required.  The amendment(s) was/were adopted by the incorp			
action was not required.	15, 1		
Signature	1000		
	or other officer - if directo		
	tor - if in the hands of a re	eceiver, trustee, or other of	ourt
appointed fiduciary by th	at inductary)	/	
	nette 1	rimino.	
	(Typed or printed name of	f person signing)	
	NP.		
	(Title of person s	igning)	

Fruitlu