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Certified Copies	_ Certificates o	f Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	_{ON:} VANNRO S	SERVICES, INC	
DOCUMENT NUMBER:	P070000538	8	
The enclosed Articles of Art			
Please return all correspond	ence concerning this mat	ter to the following:	
Du	znelly Rojas		
	- '	Name of Contact Persor	1
Va	nnro Services,	Inc.	
	<u>-</u> <u>-</u>	Firm/ Company	
28	00 Riverside D	r. #104B	
		Address	
Co	ral Springs, FL	33065	
	<u> </u>	City/ State and Zip Code	2
duzna	lly.rojas@vann	ro com	
		ed for future annual report	notification)
			······ ,
For further information con	cerning this matter, pleas	e call:	
Duznelly Rojas		at (954	、907-7955
Name of Co	ntact Person		de & Daytime Telephone Number
Enclosed is a check for the	following amount made p	payable to the Florida Depa	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)
Division P.O. Box	ent Section of Corporations	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

	 		
	currently filed with the Flo	orida Dept. of State)	
Vannro Services Cocp			
(Documer	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	Ilorida Profit Corporation adopts the following am	endment(s) to
A. If amending name, enter the new na	me of the corporation:		
Vannro Logistics & Servi	ces Corp.	The	. new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbre oo". A professional corporation name must conto on."	viation ain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2800 Riverside Dr #104B	
		Coral Springs, FL 33065	
		25 Co	70
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			OCT o
			, LE .
		977	<i>D</i> .
D. If amounting the unsistened agent agent	d/ou wasistawad office addus	ora in Elevido, ententhe name of the	
D. If amending the registered agent an new registered agent and/or the new		ess in riorida, enter the name of the	*
Name of New Registered Agent	Duznelly Rojas		
	2800 Riverside [Or #104B	
	(Florida stree	et address)	
New Registered Office Address:	Coral Springs	, Florida 33065	
	(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:		
		ith and accept the obligations of the position.	
	Alato	<u>/</u>	
Si	gnature of New Register <mark>ed</mark> Ag	gent, 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 <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 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	VP	Moreira, Washington S.	2800 Riverside Dr #104B
Add			Coral Springs, FL 33065
X Remove			
2) Change	VP	Nishi, Yuzo	2800 Riverside Dr #104B
X Add			Coral Springs, FL 33065
Remove			
3) Change	D	Bertalmio, Maria L	2800 Riverside Dr #104B
X Add			Coral Springs, FL 33065
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

1/1	onal sheets, if necessary). (Be specific)	
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¢	and an idea for an architecture and architecture and architecture of insued phonon	
<u>ran amendi</u> provisions f	nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself:	
(if not a	opplicable, indicate N/A)	
/		
/A		
		

. , The date of each amendment	(s) adoption: October 18, 2012
Effective date if applicable:	October 17, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/wer must be separately provide	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of votes by $\frac{N/A}{}$	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder
_{Dated} 10/	17/2012
Signature	uznelly Rojas
(B se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Duznelly Rojas
	(Typed or printed name of person signing)
	President
	(Title of person signing)