PM00019853

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SECRETARY OF STATE DIVISION OF CHRPORATIONS

Amend Name Mand Name Ma 1.14.09

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: DSD &	EXPORT CORP					
DOCUMENT NUMBER: P07 0000 19853						
The enclosed Articles of Amendment and fee are submi	tted for filing.					
Please return all correspondence concerning this matter	to the following:					
CLAUDIA M. (Name of Contact						
(Firm/ Compa	uny)					
P.O BOX (Address)	226965					
MIAMI FL (City/ State and Zi	33 222 p Code)					
For further information concerning this matter, please ca	all:					
LEONANDO ALBARRACIN at ((Name of Contact Person) Enclosed is a check for the following amount made paya						
Certificate of Status (43.75 Filing Fee & S52.50 Filing Fee Certified Copy Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Amendment Section Am Division of Corporations Div P.O. Box 6327 Clif	eet Address endment Section ision of Corporations iton Building I Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



DSD EXPORT, CORP.
(Name of Corporation as currently filed with the Florida Dept. of State)
P07000019853
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of	of the corporation:
LOGICSA FULFI	LLMENT & DISTRIBUTION, INC
The new name must be distinguishable of the incorporated" or the abbreviation "Corp.,	and contain the word "corporation," "company," or "Inc.," or Co.," or the designation "Corp," "Inc," or ne must contain the word "chartered," "professional
B. Enter new principal office address, if ap	plicable:
(Principal office address <u>MUST BE A STREI</u>	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	
	registered office address in Florida, enter the name of the
new registered agent and/or the new reg	
Name of New Registered Agent:	CLAUDIA M. ALBARRACIN
	9140 FONTAINEBLEAU BLVD \$404
New Registered Office Address:	(Florida street address)
	MIAMI , Florida 33172 (City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changi	ing Registered Agent:
hereby accept the appointment as registere	d agent, I am familiar with and accept the obligations of the
position.	
<u> </u>	Wando & Alberthion
	Signature of New Registered Agent, if changing

Page 1 of 3

- 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) <u>Address</u> Title Name **Type of Action** DENIS, DIEGO BLYD 9140 FONTAINEBLEAU ☐ Add Remove ALBARRACIN, CLAUDIA 9140 FONTAINEBLEAU BLYD Add ☐ Remove RODRIGUEZ, ANGELICA 7754 W. 34 LN & Add HIALEAH, FL 33018 | Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of	of each amendmen	t(s) adoption: _	DE	CEM	ser :	30,7	2008
Effective of	of each amendmen date <u>if applicable</u> :	DE	CEMB	ER	30,	2008	/
	<u></u>	(no more than	90 days afte	er amendn	nent file date	?)	
Adoption	of Amendment(s)	<u>(C</u>	HECK ON	<u>E</u>)			
	nendment(s) was/we shareholders was/w			ers. The r	number of vo	otes cast for	the amendment(s)
	nendment(s) was/we e separately provide						
"Т	he number of votes	cast for the ame	endment(s) v	vas/were s	sufficient for	approval	
by		(voting group)			.,,		
action	nendment(s) was/we was not required.						
	nendment(s) was/we was not required.	re adopted by the	he incorporat	tors witho	ut sharehold	er action and	l shareholder
		12-30-	-08	$\overline{}$			
	sele	a director, presected, by an incontract fiduciary	orporator – i	f in the ha			
			60 Yped or prin	DEI ted name	of person sig	gning)	
		₽	RESIC	ENT person si	gning)		