# P07000111725

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C. LEWIS FEB 2 5 2014 EXAMINER

# **COVER LETTER**

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: Triton Logistics Inc.  DOCUMENT NUMBER: P07000111725		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Antonio Iturriaga Name of Contact Person		
Triton Logistics Inc		
12650 Nw 25th Street Suite 112		
Miami Florion 33182		
AIturiaga Otriton logistics, us.com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Antonio Iturringa al 201, 362-94		
Name of Contact Person Area Code & Daytime Telephor	e Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:		
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)	S	
Mailing Address Street Address		

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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

APPROVED AND FILED

## **Articles of Amendment** to

Articles of Incorporation

14 FEB 24 PM 2: 34

Triton Logistics In	SECRETARY OF STATE TALL AHASSES, FLORIDA
(Name of Corporation as currently filed with the Flo	orida Dept, of State)
<u>P07000111725</u>	100.00
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
Alla	TI
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	12650 NW 25th st Suite 112
	Miami Florion, 33182
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12650 NW 25th st
· ·	Suite 112
	N ( 22)82
	Miami Florida, 33182
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	vet address)
New Registered Office Address:	. Florida
(City)	(Zip Code)

Signature of New Registered Agent, if changing

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

New Registered Agent's Signature, if changing Registered Agent:

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.

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>	Name	Address
1) Change	P	Antonio Iturriaga	6404 SW 152 Circle Place Miami Florida, 33193
Add		•	Miami Florida, 33193
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
L Kelliove			

(Attach additional	ding additional Articles, enter change(s) here: cheets, if necessary). (Be specific)	
	MA	
provisions for it	provides for an exchange, reclassification, or cancellation of issued shares, aplementing the amendment if not contained in the amendment itself: able, indicate N/A)	
	<u> </u>	
	) \	

# APPROVEL AND FILED

The date of each amendment(s) adoption:	14 FEB 24 PM 2: 34	, if other than the
date this document was signed.	SECRETARY OF STATE TALLAHASSEE, FLORIDA	, ii other than the
Effective date if applicable:	MELNINGSCATIONON	
	an 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes east for the amendment(s)	
The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled		
"The number of votes east for the amendment(s) was	/were sufficient for approval	
by	."	
(voting group)		
The amendment(s) was/were adopted by the board of direct action was not required.	etors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder	
Dated 8/21/2014	<del>9</del>	
Signature		_
(By a director, president or other	officer - if directors or officers have not been	
selected, by an incorporator – in appointed fiduciary by that fiduciary	in the hands of a receiver, trustee, or other court	
A 1	io IturriAgA or printed name of person signing)	
Pres	fnsai	
	(Title of person signing)	