

PO8000017868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



100184959361

09/03/10--01020--016 \*\*43.75

*Amens/AL*

FILED  
40 SEP 15 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts SEP 15 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2010

RODOBALDO DIAZ MIRANDA  
SUNSHINE STATE LOGISTICS ENTERPRISE  
14900 NW 24 CT BAY 3  
MIAMI, FL 33054

SUBJECT: SUNSHINE STATE LOGISTICS ENTERPRICE INC.  
Ref. Number: P08000017868

We have received your document for SUNSHINE STATE LOGISTICS ENTERPRICE INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is #P09000098822 - SUNSHINE STATE SERVICE INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 510A00021497

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** SUNSHINE STATE LOGISTICS ENTERPRICE INC.

**DOCUMENT NUMBER:** P08000017868

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RODOBALDO DIAZ MIRANDA

Name of Contact Person

SUNSHINE STATE LOGISTICS ENTERPRICE INC.

Firm/ Company

14900 NW 24 CT BAY 3

Address

OPA LOCKA, FL 33054

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RODOBALDO DIAZ MIRANDA

Name of Contact Person

at ( 786 )

360-1781

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

SUNSHINE STATE LOGISTICS ENTERPRICE INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000017868

(Document Number of Corporation (if known))

10 SEP 15 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 the corporation:**

SOUTH FLORIDA LOGISTICS INC.

*The new*

*name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

9101 WEST OKEECHOBEE RD.

HIALEAH GARDENS, FL 33016

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

SAME

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

9101 WEST OKEECHOBEE RD.

New Registered Office Address:

(Florida street address)

HIALEAH GARDENS

(City)

, Florida 33016  
(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 obligations of the position.*

\_\_\_\_\_  
*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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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 each amendment(s) adoption: 09/14/2010  
(date of adoption is required)  
Effective date if applicable: 09/14/2010  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 9/14/2010

Signature Rodolfo Diaz Miranda  
(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)

RODOBALDO DIAZ MIRANDA

(Typed or printed name of person signing)

President

(Title of person signing)