Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ELO ENTERPRISES, INC

Account Number : I20150000109 Phone : (561)544-8862

Fax Number : (954)697-0130

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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A. LUNT

P.006/006



November 3, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AGS CARGO USA, INC 13443 NW 19TH LANE MIAMI, FL 33182

SUBJECT: AGS CARGO USA, INC

REF: P08000034279

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the president is cut off.

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) 245-6050.

Valerie Herring Regulatory Specialist III

FAX Aud. #: H21000406689 Letter Number: 321A00026777

H210004066893

Articles of Amendment to Articles of Incorporation

of

	<u>.</u> ن
(Name of Corporation as currently filed with the Florida Dept. of State)	呈
P08000034279	į.
(Document Number of Corporation (if known)	EM 10: 17
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
N/A	Тће пеш
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A	
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	
(Florida street address)	
New Registered Office Address: , Florida	
(City) (Zip Co	ide)
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	
Signature of New Registered Agent, if changing	,

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.



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	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) X Change	P	NASCIMENTO, ALEXANDRE G.	13443 NW 19TH LANE
Add ·			MIAMI, FL 33182
Remove			
2) Change			
Add			
Remove 3) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	•-		
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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an amendment provides for an exch rovisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	·	
· · · · · · · · · · · · · · · · · · ·	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will be partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and	shareholder
The amendment(s) was/were aby the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):), VISION O
	st for the amendment(s) was/were sufficient for approval	FILE OF CC
by	(voting group)	OF STAF OF STAF ORFORALI AM 10:
		<u> </u>
Dated	02/2021	17
Signature		_
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	NASCIMENTO, ALEXANDRE GULLA DA SILVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	