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SECRETARY OF STAR

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COVER LETTER

TO: Amendment Section Division of Corporat	A	L. I.	
NAME OF CORPORA	TION: UNICOY	Fogisties, In	e
DOCUMENT NUMBER	R:		
The enclosed Articles of	Amendment and fee are sul	omitted for filing.	
Please return all correspo	ndence concerning this mat	ter to the following:	
	Adriano	a Azvad	Tne.
	a 1	Name of Contact Person	
	Unico	r togistics,	Ine.
		Firm/ Company	
_		Address	
		City/ State and Zip Code	·
	E-mail address: (to be us	sed for future annual report	notification)
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For further information c	oncerning this matter, pleas	se call:	
Adriana	Awad	at (
Name of 0	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. B	g Address ment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment Articles of Incorporation

19000000095 (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 the corporation: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

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

Florida

(Zip Code)

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.

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			·
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
Renave			
5) Change	_	_	
Add			<u> </u>
Remove			
0 0			
6) Change			
Add			
Remove			

If amending or adding Attach additional sheets	, if necessary). (B	e specific)		
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provisions for implem	enting the amendm	e, reclassification lent if not contair	ed in the amendn	nent itself:
(if not applicable,	•		1 \	
ipdated	shares	inform	nation	From)
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The date of each amendment(s) ad	ioption,
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated D	17-2013 Mara A Agusd P
(By a d	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)