P09000012179

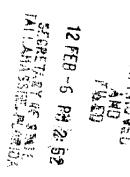
(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: Optima Ca BER: P0900001217		Inc
	of Amendment and fee are su		
Please return all corre	spondence concerning this ma	tter to the following:	
	Juan Carlos Nun	ez	
	······································	Name of Contact Per	son
	Optima Cargo &	Logistics Inc	
		Firm/ Company	
	9550 NW 12th St	reet Bay# 16	В
		Address	
	Doral, Florida 33	172	•
		City/ State and Zip C	ode
ont	imacargo@gmail	com	
Орг	imacargo@gmail. E-mail address: (to be us		art notification)
	Ez-man address. (10 be di	sed for facare armual repo	or nonneadony
For further information	n concerning this matter, pleas	se call:	
Juan Carlos	Nunez	at (305	, 282-7173
Name o	of Contact Person	Area (Code & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida De	epartment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy
	enclosed)	(Additional	
			,
	ling Address Endment Section		et Address ndment Section
	sion of Corporations		sion of Corporations
P.O. Box 6327		Clifton Building	
Talla	ahassee, FL 32314	2661	Executive Center Circle
		Talla	hassee, FL 32301

٠	Amendment				
to Articles of In					
Optima Car	an +Logistics	Inc			
(Name of Cornoration as currently filed with the	Florida Dept. of State	_			
<u>+690000131</u>	19	_			
(Document Number of Corporation	(if known)	_			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following	ng amendm	ent(s) t	to	
A. If amending name, enter the new name of the corporation:					
		The ne	w		
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must	abbreviatio contain th	n e		
B. Enter new principal office address, if applicable:	9550 NW 12th Street				
(Principal office address MUST BE A STREET ADDRESS)	Bay # 16B	,			
	Miami, Florida 33172				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 566322				
	Miami, Florida 33256		සිටි 	NA	
			≟ છા ©∩	劉	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address			PH 2: 52	- S _{an} tri} P	
Name of New Registered Agent	-				
(Florida s	treet address)				
New Registered Office Address:	, Florida	<u></u>			
(Cit)	(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)

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: XChange	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change Add X Remove	<u>coo</u>	Mario A. Orozco	1654 SW 131st Place Cir E Miami, Florida 33175
2) Change Add Remove	VP	Alcira Tablada	1033 SW 125th Place Miami, Florida 33184
3) X Change Add Remove	P/COO	Juan Carlos Nunez	9066 SW 73rd Court Apt # 907 Miami, Florida 33156
4) Change Add Remove	ottovi variadada nativate	•	
5) Change Add Remove			
6) Change Add Remove			

attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
anach adamona sneets, ij necessary).	(Be specific)
·	
	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(II HOL UPPREADLE, HIME IN A	
A LL usassa, manage 1011)	
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,	
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,	

*	dadia
The date of each amendment(s) a	doption:
Effective date <u>if applicable</u> :	1 20 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient 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 east	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voiing group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated Janua	ry 30th 2012
Signature_	
	irector, president or other officer tif directors or officers have not been
selecte	d, by an incorporator - if in the hands of a receiver, trustee, or other court
appoin	ted fiduciary by that fiduciary)
	Juan Carlos Nunez
	(Typed or printed name of person signing)
	President
	(Title of person signing)