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(Cit	ty/State/Zip/Phone	#)
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
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MIN SEP 27 P & 19

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ARKADYS TRAV	EL LOGISTIC	CS, INC.	
DOCUMENT NUMI	BER:			
	of Amendment and fee are su	bmitted for fili	ng.	
Please return all corre	spondence concerning this ma	tter to the follo	wing:	
	SANS, ARKADYS B			
		Name of Co	ontact Person	1
		Fimı/ C	Company	
	1890 W 56 ST APT 1228			
		Ad	dress	
	HIALEAH, FL 33012			
		City/ State a	and Zip Cod	e e
ALEX	K@SUAREZ-BASTER.COM	И		
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further informatio	n concerning this matter, pleas	se call:		
SANS, ARKADYS B		at (305	885-9846 de & Daytime Telephone Number
Name	of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the	Florida Depa	artment of State:
S35 Filing Fce	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Fil Certified ((Additional enclosed)	Copy I copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		Street Address Amendment Section		
	Division of Corporations Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED of

to

ARKADYS TRAVEL LOGISTICS, INC. (Name of Corporation as currently filed with the Provided Pepp. of State)

P09000012992		- Kinin	21 P & 19
	(Document Number of	of Corporation (if known) / 5	EL PLEST
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendment(s
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional associat	ition "Corp," "Inc," or	"Co". A professional corpo	
B. Enter new principal office address, i	f applicable:	1890 W 56 ST #1228	
(Principal office address MUST BE A ST		HIALEAH, FL 33012	
			 .
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1890 W 56 ST #1228	
		HIALEAH, FL 33012	
D. If amending the registered agent and			ame of the
new registered agent and/or the new	registered office addres	<u>ss:</u>	
Name of New Registered Agent	 1890 W 56 ST #1228		
		reet address)	
New Registered Office Address:	HIALEAH	,	, Florida 33012
New Registered Office Address.	- ·	(City)	(Zip Code)
New Registered Agent's Signature, if ch	ianging Registered Agen	t:	
I hereby accept the appointment as registe			ons of the position.
	Signature of New	Registered Agent, if changin,	g

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{V}	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	VP	AA HOLDINGS	GROUP, LLC	4311 PALM AVE
Add X Remove				HIALEAH, FL 33012
2) Change				
Add				
3) Change Add				
Remove				
4) Change Add				
Remove				
5)Change		_		
Add Remove				
6) Change				
Add				
Remove				

. If amending or adding additional Ar (Attach additional sheets, if necessary).	
(Titue) hadrional saceta, y manasary,	(he specy)
	BB-1107
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. It an amendment provides for an exc	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	rendment if not contained in the amendment risen.
	C DDECIDENT AND 100% OF THE CODD'S SHADES
ANS, ARKAUTS B WILL REMAIN A	S PRESIDENT AND 100% OF THE CORP'S SHARES
	

	09/13/2018	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.	24400040	
0 Effective date <u>if applicable</u> :	9/132018	
Enective date it applicable.	(no more than 90 days after amendment file date)	·········
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
09/13/2	018	
Dated	010	
Signature	-Sans	
(By sele	a director, president or other officer – if directors or officers have not beceted, by an incorporator – if in the hands of a receiver, trustee, or other content of fiduciary by that fiduciary)	
	SANS, ARKADYS B	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	