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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION: ARKADYS TRAV	'EL LOGISTICS, INC.	
DOCUMENT NUM	P00000012002		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	SANS, ARKADYS B		
		Name of Contact Person	1
		Firm/ Company	
	1890 W 56 st 1228		
		Address	
	HIALEAH, FL 33012		
		City/ State and Zip Code	e
	ALEX@SUAREZ-BASTER	.СОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
SANS, ARKADYS	В	at (305	885-9846 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

poration as currently filed with the F	lorida Dept. of State)	
	,	
Document Number of Corporation (if k	nown)	
Horida Statutes, this Florida Profit Con	rporation adopts the follow	ving amendment(s
the corporation:		
rd "corporation," "company," or "inc "Inc," or "Co". A professional cor abbreviation "P.A."	orporated" or the abbrevior poration name must con	The new ntion "Corp.," tain the word
CADDRESS)		
E BOX)		
gistered office address in Florida, entered office address:	er the name of the	23 אָנאַ
		
(Florida street address)		_ _ _ _ .
Circ	, Florida	
(City)	(Zip	Code)
Registered Agent: nt. I am familiar with and accept the o	obligations of the position.	
	Posistered of Corporation (if keep corporation) (if keep corporati	rd "corporation," "company," or "incorporated" or the abbrevia "Inc," or "Co". A professional corporation name must contabbreviation "P.A." cable: ADDRESS) EBOX cistered office address in Florida, enter the name of the ered office address: (Florida street address) (City) Florida (Zip

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.

X Change	<u> 74</u>	<u>John D</u>	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP	_	JACKSON PARKIN, DANIEL	10355 NW 177 TH ST
Add				DORAL, FL 33178
X Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(if not applicable, indicate N/A)		(Be specific)		
(if not applicable, indicate N/A)				
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(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				<u> </u>
(if not applicable, indicate N/A)				<u>. </u>
(if not applicable, indicate N/A)				
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) ANS, ARKADYS B WILL REMAIN SOLE OWNER OF CORP WITH 100% OF THE CORP'S SHARES		 _ <u></u> _	-	<u> </u>
(if not applicable, indicate N/A)				
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(If not applicable, indicate N/A)	If an amendment provides for an excha		Leancellation of issued	snares,
NS, ARKADYS B WILL REMAIN SOLE OWNER OF CORP WITH 100% OF THE CORP'S SHARES	provisions for implementing the amen	dment if not contained	in the amendment itse	lf:
	<u>provisions for implementing the amen</u>	idment if not contained	in the amendment itse	<u>lf:</u>
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	(if not applicable, indicate N/A)	<u>idment it not contained</u>	in the amendment itse	

mu ¹ I	05/01/23	
The date of each amendme date this document was signed		, if other than the
date this document was signe		
Effective date if applicable	05/01/23	
<u>ррж</u>	(no more than 90 days after amendment file day	(e)
	this block does not meet the applicable statutory filing requirement the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/w action was not required.	ere adopted by the incorporators, or board of directors without share	cholder action and shareholder
	ere adopted by the shareholders. The number of votes cast for the a were sufficient for approval.	mendment(s)
	ere approved by the shareholders through voting groups. The follow ded for each voting group entitled to vote separately on the amendment	
"The number of vot	es cast for the amendment(s) was/were sufficient for approval	
by	19	
oy	(voting group)	
05/0 Dated	1/23	
Signature _	Com5	
:	By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	SANS, ARKADYS B	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	