# P09000028338

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: _	DRACO FF	REIGH	T <sub>1</sub> LOG	SISTICS (	ORPORAT	<u>10</u> N .
DOCUMENT NUM	1BER:	•.		P090	0002833	8	
The enclosed Article	es of Amendm	ent and fee are	submitte	ed for fill	ing.		
Please return all corr	respondence co	oncerning this r	natter to	the folio	owing:		
		LEO	NARDO	CAPR	A		_
		Nam	e of Cont	act Person			
·	DRA	CO FREIGHT	LOGIS	TICS C	ORPORAT	ION	_
		1	Firm/ Con	npany			
_		8544 N	IW 93R	D STRE	ET		
			Addre	SS			
				L 3316			
		City/	State and	Zip Code			
	LEONA E-mail add	ARDOCAPRA( Iress: (to be used for	@DRAC	nnual repo	GHT.COM ort notification	)	
For further informati	ion concerning	z this matter, ple	ease call	:			
LEON	NARDO CAP	'RA	at (	305	)	805-1550	
Name o	f Contact Person		(	Area Cod	le & Daytime	Telephone Numbe	r
Enclosed is a check	for the followi	ing amount mad	le payab	le to the	Florida Dep	partment of Stat	e:
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Mailing Add	<u>lress</u>		Stree	t Addres	<u>ss</u>		
Amendment			Amendment Section				
Division of Corporations			Division of Corporations				
P.O. Box 632			Clifton Building				
Tallahassee, FL 32314			2661 Executive Center Circle				

Tallahassee, FL 32301

#### **Articles of Amendment**

# **Articles of Incorporation**

## DRACO FREIGHT LOGISTICS CORPORATION

2811 AUG 26 AM 11: 27

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000028338

(Document Number of Corporation (if known)

wing

ignation "Corp," "Inc	"company," or "incorpo c," or "Co". A profession the abbreviation "P.A."	
<i>BOX</i> )		
tered office address i	in Florida, enter the name	of the
(Florida street d	address)	
	, Florida	
(City)	(Zip Code)	
1	tered office address in defice address:  (Florida street of the street o	tered office address in Florida, enter the name of office address:  (Florida street address)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>D</u>	LEONARDO CAPRA	8035 MIZNER LANE BOCA RATON, FL 33433	_ □ Add _ ☑ Remove
<u>P</u>	LEONARDO CAPRA	8544 NW 93RD STREET MEDLEY, FL 33166	_ ☑ Add _ ☐ Remove
	ding or adding additional Articles, et dditional sheets, if necessary). (Be s		
<u>provisi</u>	mendment provides for an exchange, ons for implementing the amendmen tot applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: AUGUST 18, 2011
Effective date if annlicable:	AUGUST 18, 2011  (no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/we must be separately provide	ere approved by the shareholders through voting groups. The following statemen ed for 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)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_AUC	GUST 18, 2011
Signature _	
sel	y a director, president or other officer - if directors or officers have not been ected, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that iduciary)
	LEONARDO CAPRA
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)