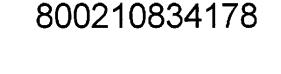
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Amens



12-15-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	3PL SERVICE	ES INC.
DOCUMENT NUMBER:		P090000	958960
The enclosed <i>Arti</i>	cles of Amendment and fee a	re submitted for filing.	
Please return all c	orrespondence concerning th	is matter to the following	3 :
		SILVIA VILA	
	r	ante of Contact reison	
	ELAN BUSINESS SERVICES CORP Firm/ Company 1116 CEDAR FALLS DR		ORP
		Address	
		ESTON, FL 33327	
	C	ity/ State and Zip Code	
	SVILA@E	LANSERVICE.COM	
	E-mail address: (to be use	d for future annual report not	incation)
For further inform	ation concerning this matter,	please call:	
	SILVIA VILA	at (954)	217-6080
Name	e of Contact Person	Area Code & D	aytime Telephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Flori	da Department of State:
2 \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is o	Certificate of Status
Mailing A	<u>ddress</u>	Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corpora	ations
P.O. Box 6327		Clifton Building	
Tollohoggae El 22214		2661 Executive Co.	ntor Cirolo

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

3PL SERVICES INC.

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

P09000058960

(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:

nome must be distingu	inhable and contain	the word "corporation" "a	The new ompany," or "incorporated" or the
abbreviation "(🌅 , " "	Inc.," or Co.," or the		or "Co". A professional corporation
B. Enter new pr	office address, if apr	dicable:	
(Principal office res			
•			
1			
C. Enter new mai	address, if applicable	••	
(Mailing address	Y BE A POST OFFI		
D. If amending the	torod agent and/or :	registered office address in F	lorida, anter the name of the
new registered a		stered office address:	to the the name of the
Name of New	stand Agent:		
Name of New	stered Agent:		
M D		/F1 3 3 - 3 3 - 3	
<u>New Registered</u>	ce Address:	(Florida street addi	ress)
	1		, Florida
		(City)	(Zip Code)
New Registered Agent		ng Registered Agent:	
l hereby accept the app	ent as registered a	agent. I am familiar with and	accept the obligations of the position.
		N. A. CAT. D. N. J. A.	
	1 3	Signature of New Registered Ag	geni, ij cnanging

If amending the	cers and/or Directors, enter the title and name of each officer/director being		
removed and til	ame, and address of each Officer and/or Director being added:		
(Attach addition	ets, if necessary)		
Title]	<u> </u>	Address	Type of Action
GM #	AVERRIA, JOSE H	14928 SW 54TH AVE	☐ Add
		MIRAMAR FL 33027	☑ Remove
DIR S	VERRIA, JOSE H	14928 SW 54TH AVE	☑ Add
		MIRAMAR FL 33027	☐ Remove
DIR 1	EDO, ALEX	940 SWEETWATER LANE 501	
		BOCA RATON FL 33431	☑ Remove
E. If amending	ding additional Articles, en	ter change(s) here:	
(attach additio	heets, if necessary). (Be sp		

	<u></u>		
	<u> </u>		
F. If an amenda provisions fo		reclassification, or cancellation of iss if not contained in the amendment is	
(if not ap	le, indicate N/A)		
		<u> </u>	· · · · · · · · · · · · · · · · · · ·
			-
			

If amending the		ers and/or Directors, enter the title and name of each officer/director being			
removed and title					
(Attach addition	nal /	ets, if necessary)			
<u>Title</u>	<u>N</u> }		Address	Type of Action	
TD.	T'	, O, ALEX	834 SW 147th Ave	☑ Add	
	- 1	/1	Pembroke Pines, FL 33027	☐ Remove	
	, ,			Marada Anni Andrea	
				☐ Add	
	- ,			Remove	
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				LI Kelikive	
					
E. If amending			cles, enter change(s) here:		
(a <i>ttach addit</i>	ic	ets, if necessary).	(Be specific)		
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F. If an amen provisions			hange, reclassification, or cancellation on the amendment if not contained in the amendment.		
(if not a		ble, indicate N/A)	idipent it not contained in the amendus	in icscii.	
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The date of each	dment(s) adoption: 08/01/2011
Effective date if:	(date of adoption is required)
, , , , , , , , , , , , , , , , , , ,	(no more than 90 days after amendment file date)
Adoption of Ame: ,	t(s) (CHECK ONE)
The amendmen by the sharehol	s/were adopted by the shareholders. The number of votes cast for the amendment(s) as/were sufficient for approval.
The amendmen must be separa	s/were approved by the shareholders through voting groups. The following statement ovided for each voting group entitled to vote separately on the amendment(s):
"The numt	otes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendmen action was not	as/were adopted by the board of directors without shareholder action and shareholder ed.
The amendmen action was not	as/were adopted by the incorporators without shareholder action and shareholder ed.
τ	08/01/2011
\$	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	RAFAEL ROJAS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)