## P09000 080 264

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## COYER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: TLI EXPRESS USA, CORP. DOCUMENT NUMBER: P09000080264 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Joseph Gnaster Name of Contact Person TLI EXPRESS USA, CORP Firm/ Company 9744 W. Sample Road Address Coral Springs, FL 33065 City/ State and Zip Code jgnaster@slogisticsgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOSEPH GNASTER Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filling Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

Tallahassee, Fl. 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name e	of Corporation as current	ly filed with the Florida Dept. of S	State)
P09000080264			
	(Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 507, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word—chartered," "professional-associa	ation "Corp," "Inc," or '	"Co". A professional corporation	l" or the abbreviation name must contain the
• •		9744 W. Sample Road	
B. <u>Unter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )		Coral Springs, FL. 33065	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		9744 W. Sample Road Coral Springs, FL. 33065	2019 AUG 22
D. If amending the registered agent an new registered agent and/or the new	v registered office addres	ress in Florida, enter the name of s:	J6 22 AM
Name of New Registered Agant	Kevin Stichter	··	- N - N - N - N - N - N - N - N - N - N
	6501 Congress Ave. #100	)	44
	(Florida st	reet address)	<del></del>
New Registered Office Address:	Boca Raton	, Plor	33487 rida
New Registered Office Address:		(City)	(Zip Code)

Signatury 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:

 $\ell'$  - 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> <u>John</u>	Doe	
X Remove	⊻ <u>Mik</u> s	: Jones	
_X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	KALID S. GAMA	2627 NW 33RD STREET 2203
Ađd			OAKLAND PARK, FL 33309
X Remove			
2) Change	PD	ROBERT TAMMARO	1788 Colonial Dr.
X Add		·	Coral Springs, Fl. 33065
Remove			·
3) Change	VP	JOSEPH GNASTER	8753 Thames River Drive
X Add			Boca Raton Fl. 33433
Remoze			
4) Change			
Add			
Remove			
5) Change			
•			
Add			· Maragra.
Remove			, 1
6) Change	<del></del>		
Add			
Remove			

tach additional sheets, if necessary).	ticles, enter change(s) her (Be specific)			
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			<del></del>	
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an amendmeat provides for an exch	tange, reclassification, or	cancellation of issued st	19 FPS	
rovisions for implementing the amer	ndment if not contained in	n the amendment itself:		
(if not applicable, indicate N/A)				
			<u></u> -	
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Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	slock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	.*
	(voting group)
action was not required,	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated	8 8 19
selectro	irector, president or other officer – if directors profficers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Robert Tammaro (Typed or printed name of person signing)
	President