| (Red | questor's Name) | |
|---------------------------|-------------------|----------------|
| (Add | dress) | |
| (Add | dress) | |
| (City | //State/Zip/Phone | (*) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Name | e) |
| (Doc | cument Number) - | |
| Certified Copies | Certificates o | of Status |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| (12) | Office Use Only | |





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11/30/09--01066--030 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORE | PORATION: _ | INTERNAT | TIONAL | FRE | IGHT LO | GISTI | CS CORP | |
|--------------------------|-------------------------------------|---------------------------------------|-------------------------|--|--------------------------------|--------------------------------------|--|-----|
| DOCUMENT NU | MBER: | | | P090 | 0000890 | 35 | | |
| The enclosed Artic | eles of Amendm | ent and fee are | submitte | d for fil | ing. | | | |
| Please return all co | orrespondence co | oncerning this n | natter to | the follo | owing: | | | |
| | | · · · · · · · · · · · · · · · · · · · | ANCA M | | | | | |
| | | Nam | e of Conta | ct Person | 1 | | | |
| | INTE | RNATIONAL | FREIGH | IT LOC | SISTICS C | ORP | | |
| | | | Firm/ Com | pany | | | | |
| | | 2801 NW | 74TH <i>A</i> | VE ST | E 102 | | | |
| | | | Addres | | | ···································· | | |
| | | MI | AMI, FL | 33122 | | | | |
| | | | State and | | | | | |
| | E-mail add | ress: (to be used for | or future a | nnual rep | ort notification | on) | | |
| For further informa | ation concerning | g this matter, ple | ease call | : | | | | |
| | LANCA MOJIC | | at (| 786 | _) | 845-9 | _ | |
| Name | of Contact Person | | | Area Co | de & Daytime | c Telephon | e Number | |
| Enclosed is a chec | k for the followi | ng amount mad | le payab | e to the | Florida De | partmen | t of State: | |
| 1 \$35 Filing Fee | ☐ \$43.75 Filin Certificate | | Cen | 75 Filing tified Cop litional co | | ed) (| 52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is enclos | ed) |
| P.O. Box 6 | nt Section f Corporations 327 | | Amer Divis Clifto | n Build | Section Corporations ing | | | |
| Tallahassee, FL 32314 | | 2661 Executive Center Circle | | | | | | |

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

INTERNATIONAL FREIGHT LOGISTICS CORP

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

2009 NOV 30 AM 9: 38 TALLAHASSEE, FLORIDA

P09000089035

| (Document Number of | Corporati | on (if known) | | |
|--|----------------|---------------------------|---------------------------|-------------|
| Pursuant to the provisions of section 607.1006, Flori amendment(s) to its Articles of Incorporation: | ida Statut | es, this <i>Florida P</i> | rofit Corporation adopt | s the follo |
| A. If amending name, enter the new name of the co | orporatio | <u>n:</u> | | |
| | | <u> </u> | | The new |
| name must be distinguishable and contain the wo abbreviation "Corp.," "Inc.," or Co.," or the design name must contain the word "chartered," "profession | ation "Co | orp," "Inc," or "C | Co". A professional con | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 2801 NW 74TH AVE STE 102 | | |
| Principal office dauress MOST BEASTREET ADD | <u>/read</u>) | MIAMI, FL 33 | 122 | |
| | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u>(X</u>) | 18588 SW 50T | HCT | |
| | | MIRAMAR, FL | 33029 | |
| D. If amending the registered agent and/or register new registered agent and/or the new registered | | | a, enter the name of th | <u>e</u> |
| Name of New Registered Agent: | <u></u> | | | |
| <u>1858</u> | 8 SW 50 | тн ст | · | |
| New Registered Office Address: | (Flori | ida street address) | | |
| MIRA | MAR | | , Florida_33029 | |
| | (City) | | (Zip Code) | |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent. | | | ot the obligations of the | position. |
| Signatu | re 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>Address</u> **Type of Action Title** <u>Name</u> ۷P **BLANCA MOJICA** 18588 SW 50TH CT LISA GONZALEZ MGR ~D E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. 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)

| The date of each amendmen | t(s) adoption: NOVEMBER 25, 2009 |
|--|--|
| Effective date if applicable: | (date of adoption is required) NOVEMBER 25, 2009 |
| | (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) vere sufficient for approval. |
| | ere approved by the shareholders through voting groups. The following statement 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) |
| · | (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/wa action was not required. | ere adopted by the incorporators without shareholder action and shareholder |
| Dated NO | VEMBER 25, 2009 |
| 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 fiduciary) |
| | EDUARDO RODRIGUEZ |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |