P10000035999

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
·		

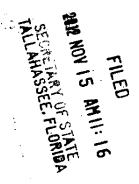
Office Use Only



700240957247

anend

10/22/12--01010--003 **52.50



100R 11/15/12

700789, 04104, 000H, 00007

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LOGISCAF	RGO EXPRESS,	CORP
DOCUMENT NUMI	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	YOLANDA BONA	AVITA	
		Name of Contact Person	
	CDC AID	Name of Collact I croom	
	GPS-AIR		
		Firm/ Company	
	6811 NW 82ND A	AVE	
	*	Address	
	MIAMI/FLORIDA	/33166	
		City/ State and Zip Code	
yol	anda@gps-air.cor		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Yolanda Bonavita		at (305	5944440
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
F 1 11 1 1 6		11 / 1 20 / 1 25	
Enclosed is a check to	or the following amount made	payable to the Florida Depa	riment of State:
□ \$35 Filing 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)
Mai	ilina Address	Street	Address
Mailing Address Amendment Section		Street Address Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2012

Yolanda Bonavita GPS-Air 6811 NW 82nd Ave. Miami, FL 33166

SUBJECT: LOGISCARGO EXPRESS, CORP.

Ref. Number: P10000035999

We have received your document for LOGISCARGO EXPRESS, CORP. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 212A00025943

Articles of Amendment to Articles of Incorporation of

AND LE AMILE

LOGISCARGO EXPRESS, CORP

SECHE TARY OF STATE (Name of Corporation as currently filed with the Florida Dept. of State) (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: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address //
1) X Change	V	Yolanda Bonavita	6801 NW 82nd AVE
Add			MIAMI FL. 33166
Remove			U PRES
2) Change			
Add			
Remove			<u> </u>
3) Change			
Add			
Remove			
4) Change	·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	cles, enter change(s) here:
	(be specific)
N/A	
	* * *
. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
	*
	·

The date of each ame	endment(s) adoption: 10/10/2012
Effective date if appl	
Adoption of Amenda	nent(s) (CHECK ONE)
	was/were adopted by the shareholders. The number of votes cast for the amendment(s) as was/were sufficient for approval.
"The number by The amendment(s) action was not require	was/were adopted by the incorporators without shareholder action and shareholder
Dat	ed
÷ ∵ Sig	(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)
	(Typed or printed name of person signing)
	(Title of person signing)