## P100000 38820

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: Evolution Logistic	s Corp	
DOCUMENT NUME	P10000038820		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Carlos Gutierrez		
		Name of Contact Person	
	Evolution Logistics Corp		
	<u> </u>	Firm/ Company	
	9800 NW 100th Rd Suite 1		
	<del> </del>	Address	
	Medley FL 33178		
		City/ State and Zip Code	
cgutie	errez@e-logistics.us		
<del></del>		sed for future annual report	notification)
	·	•	,
For further information	n concerning this matter, pleas	se call:	
Carlos Gutierrez		at (	5917713
Name o	of Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Amendi Division	Address nent Section 1 of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation

of

**EVOLUTION LOGISTICS CORP** 

(Name of Corpora	ition as currently f	iled with the Florida Dep	t. of State)	Ì
P10000038820				,
(Doc	ument Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this <i>Fle</i>	orida Profit Corporation ac	dopts the foll	owing amendr
A. If amending name, enter the new name of the	corporation:			The n
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or the	rp," "Inc," or "Co	". A professional corpora		he abbreviati
B. Enter new principal office address, if applical				
(Principal office address <u>MUST BE A STREET Al</u>	<u>DDRESS</u> )			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X</u> )			
D. If amending the registered agent and/or registered agent and/or the new registered		s in Florida, enter the nar	ne of the	
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:	(Ci	(iy)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		h and accept the obligation	s of the posit	ion.
Sig	gnature of New Reg.	istered Agent, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed	and to
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, Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, V as Rem Example:	ove, and Sai	lly Smith, SV as an Add.	
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>	Name	<u>Addres</u> s
1) Change	P	Carlos Gutierrez	1 Las Olas Circle # 405
Add			Fort Lauderdale FL 33316
Remove			
2) X Change	V	John Patnik III	18411 NW 82nd Court
Add			Miami, FL 33015
Remove			
3) X Change	V	Jovany Collazo	310 NW 198th Ave
Add			Pembroke Pines FL 33029
Remove			
4) Change			
Add			
Remove			
5) Change		<del>-</del>	
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
<del></del>	<del></del>
<del></del>	
<del></del>	
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)	
1/A	
<del></del>	
	<u>-</u>

The date of each amendment(s) ad date this document was signed.	option:	. if
_		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	, no mine than to take the tak	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will no partment of State's records.	ot be
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	1
☐ The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
8/18/19 Dated	Institution of the second	
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator—if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Carlos Gutierrez	
•	(Typed or printed name of person signing)	+
	President and Treasure	
-	(Title of person signing)	1