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(Ci	ty/State/Zip/Phone	e #)
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15 DEC -9 AM 5: 53
SECRETARY OF STATE
AND ABASSEE FLORIDA

DEC 11 2015 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CAPITAL LOGIS	TICS CORP.	
DOCUMENT NUMBER: P10000041842		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
JAMES M. SCHIFF, ESQ.		
	Name of Contact Person	
JAMES M. SCHIFF, P.A.		
 	Firm/ Company	
9130 S. DADELAND BOUL	LEVARD, SUITE 2000	
	Address	
MIAMI, FL 33156		
	City/ State and Zip Code	
jim@jmschifflaw,com		
	sed for future annual report notification)	
,	•	
For further information concerning this matter, please	se call:	
JAMES M. SCHIFF	at (305) 670-5599	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Department of State:	
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

FILED

15 DEC -9 AM 5: 53

SECRETARY OF STATE
TAIL AHASSEE F. STATE

CAPITAL LOGISTICS CORP.

CAPITAL LOGISTICS CORP.		MELAHASSEE FLORIDA
(Name of Corporat	tion as currently filed with the	
P10000041842		
(Docu	ment Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	-	
A. If amending name, enter the new name of the c	corporation:	
		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p," "Inc," or "Co". A profess	or "incorporated" or the abbreviation ional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u>ox</u>)	
D. If amending the registered agent and/or registened new registered agent and/or the new registered		enter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		the obligations of the position.
Sig	nature 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>		<u>Addres</u> s
1) Change	PD	MANUEL G. VIEC	ias	6000 NW 97 AVENUE #9-10
Add				MIAMI, FL 33178
X Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
A 61				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	. (Be specific)
<u> </u>	
an amendment provides for an exc'	change, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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"
by" (voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
DatedDECEMBER 8, 2015
Signature
(By a director, president of 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)
FRANK NEVES
(Typed or printed name of person signing)
VICE-PRESIDENT/SECRETARY/TREASURER
(Title of person signing)