P10000041947

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	; #)
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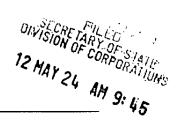
AMINA MINA MSS/12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: KIND MA	JESTIC LOGI	STICS INC
DOCUMENT NUMB	D40000044		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Z	DELYN IGLES	SIAS
	THE ELITE CA	Name of Contact Person	ES OF MIAMI LLC
-		Firm/ Company 6802 NW 77	СТ
•	N	Address MIAMI, FL 331	66
-		City/ State and Zip Cod	e
		ARRIERSER	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ZOELYN IG	SLESIAS	at(305	,405-2600
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle

Articles of Amendment to Articles of Incorporation



KIND MAJESTIC LOGISTICS INC

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

P10000041947	in the Beauty
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	4707 NORA AVE SOUTH
(Principal office address MUST BE A STREET ADDRESS)	LEHIGH ACRES, FL 33976
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4707 NORA AVE SOUTH
(LEHIGH ACRES, FL 33976
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
ΚΕΤΤΥ ΜΔΝΙΖΔΝ	_
Name of New Registered Agent 4707 NORA	AVE SOUTH
	eet address)
New Registered Office Address: LEHIGH ACR	
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>

I hereby accept the appointment as registered agen. 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: XChange	<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 Add Remove	Р	LISET M ANTUNEZ	1416 GRANDALE ST LEHIGH ACRES FL 33936 US
2) Change X Add Remove	<u>P</u>	KETTY MANZANO	4707 NORA AVE SOUTH LEHIGH ACRES, FL 33976
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
 	
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen (if not applicable, indicate N/A)	dment if not contained in the amendment itself:
(y nor approunte, mateure rorry	

The date of each amendment(s) adoption: 05/16/2012
Effective date if applicable: 05 116 2012
(no more than 90 days after amendment file date)
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.
Dated 05/16/2012 Signature 1
(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)
LISET M ANTUNEZ
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)