P10000052453

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OLEMES

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Jax Traus & Logistics Inc						
DOCUMENT NUMBER: P1000052453						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Dean Dimitrou						
Name of Contact Person						
Jax IRaus a Logistics Tuc						
Firm/ Company						
14149 Mahogany are						
Address						
TACKSONVIlle, FL 32258						
City/ State and Zip Code						
Jax +2aus 2010 @gmail. com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Dean Dinitrov a, 904, 228-0185						
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 \$\Bigcup \$43.75 Filing Fee & B\$43.75 Filing Fee & B\$52.50 Filing Fee						
Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy						
enclosed) (Additional Copy						
is enclosed)						
Mailing Address Street Address						
Amendment Section Amendment Section						
Division of Corporations Division of Corporations						

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

	Articles of Incorporation	SIVISION OF CORPORATION
JAX TRAW 2 L	ogistics Icc	2016 JUN 20 PM 1: 32
(Name of Cor	rporation as currently filed with the Florid	da Dept. of State)
P10000052453		
((Document Number of Corporation (if know	n)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corpor	ation adopts the following amendment(s)
A. If amending name, enter the new name of	f the corporation:	
		The new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A professional	'incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, if app	olicable:	
(Principal office address MUST BE A STREE		
		
C. Enter new mailing address, if applicable		
(Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u>)	
	 	
W5 ## 27 45 44 8 4 4 18 4 18 18 18 18 18 18 18 18 18 18 18 18 18	for a dispersion and a contract and	dha an an air air air
D. If amending the registered agent and/or in new registered agent and/or the new registered.		the name of the
new registered agent andor the new regi	istered write address.	
Name of New Registered Agent		
	(Florida street address)	
	(* 101 102 01 001 0000 000)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changi		
I hereby accept the appointment as registered of	agent. I am familiar with and accept the ob	ligations 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: <u>X</u> Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	¥	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	1		Elena G. Dixiteova	14149 Hahoganjave
Add				TACKSONVIlle
Remove				FL 38858
2)Change		<u></u>		
Add				**************************************
Remove				
3)Change		<u></u>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or ac (Attach additional							
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Logistic	she						
							
							
If an amendment	provides for a	n exchange.	reclassific	cation, or cancel	lation of i	issued shares.	
provisions for in		e amendmer		ontained in the a			
(іј поі аррис	avie, indicate r	WA)					
							
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		·					

The date of each amendment(s) adop	tion:			if other than the
date this document was signed.			SECRETARY DIVISION OF CO	OF STATE RPORATION:
Effective date <u>if applicable</u> :		· · · · · · · · · · · · · · · · · · ·		
	(no more than 90 days after a	amendment file date)	2016 JUN 20	PM 1: 32
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutor tment of State's records.	y filing requirements	, this date will no	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of vient for approval.	votes cast for the ame	ndment(s)	
	ved by the shareholders through voting g ch voting group entitled to vote separate			
"The number of votes cast for	the amendment(s) was/were sufficient f	or approval		
by		.,,		
•	(voting group)			
The amendment(s) was/were adopte action was not required.	ed by the board of directors without shar	eholder action and sh	areholder	
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without sharehole	der action and shareh	older	
Dated July Signature	15t of 2016			
(By a direct	ctor, president or other officer - if direct			
	by an incorporator – if in the hands of a	receiver, trustee, or o	ther court	
appointed	fiduciary by that fiduciary)			
✓	Dean & Dini	FROV		
	(Typed or printed name of pers	on signing)		
_	President	-		
	(Title of person sig	ning)		