P10000072717

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15 JUN 30 PH 4: 22

SECRETARY OF STATE

(**JUL** 8 2015

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BARRACUDA LO	OGISTIC CORP	
DOCUMENT NUMI	P10000072717		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	MARGARITA MARTIN		
		Name of Contact Person	n
	TAX MEDIC		
		Firm/ Company	
	140 NAVAJO ST	Time Company	
		Address	
	MIAMI FL 33166		
		City/ State and Zip Cod	e
TAXI	MEDIC911@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	this matter, please	se call:	. 699-4077
Name o	of Contact Person	at (Area Co) de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made		
■ \$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 Divi P.O.	ling Address endment Section sion of Corporations Box 6327 chassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

15 JUN 30 PM 4: 23

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
10000072717		
(Document Number	of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s	
. If amending name, enter the new name of the corporation:		
	The new	
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association." or the abbreviation	"Co". A professional corporation name must contain the	
. Enter new principal office address, if applicable:	9076 NW 113TH ST	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	HIALEAH FL 33018	
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
Name of New Registered Agent		
(Florida s	treet address)	
New Registered Office Address:	, Florida	
•	(City) (Zip Code)	
ew Registered Agent's Signature, if changing Registered Agen	ıt:	
hereby accept the appointment as registered agent. I am familiar		
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, named 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. Twee 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	į
X Remove	<u>v</u>	Mike Jones	•
X Add	<u>sv</u>	Sally Smith	; '}
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Р	LIVIAN MARTINEZ :	2643 FLORIDA ST
Add			WEST PALM BEACH FL 33406
X Remove			
2) Change	P	SAHILY JIRON	9076 NW 113TH ST
X Add			HIALEAH FL 33018
Remove			
3) Change			(
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if nècessary).	icles, enter change(s) here: (Be specific)
N/A	
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	
A Abrida Maria	
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
I/A	•

·	JUNE 10TH 2015		
he date of each amendment(s) ad ate this document was signed.	option:	FILE	_, if other t, an the
· -	E 10TH 2015	SECRETARY DIVISION OF GO	OF STATE
ffective date if applicable:			
	(no more than 90 days after amendment fi	ile date) 15 JUN 30	PH 4: 23
over. If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirement of State's records.	irements, this date will	not be listed as the
doption of Amendment(s)	(<u>CHECK ONE</u>)		, ' (
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for licient for approval.	the amendment(s)	
	roved by the shareholders through voting groups. The feach voting group entitled to vote separately on the am		
"The number of votes cast i	or the amendment(s) was/were sufficient for approval		;
by		•	Ħ
,	(voting group)		*1 }
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder actio	on and shareholder	} •
The amendment(s) was/were adoraction was not required. JUNE 10TI Dated Signature	H 2015	d shareholder	
(By a di selected	rector, president or other officer – if directors or officer, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)		
	LIVAN MARTINEZ		7
-	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		,! , } ;