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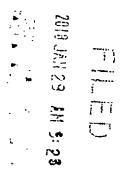
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: JOB LOGISTICS INC DOCUMENT NUMBER: P10000085435 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LAURA DE LA OSA Name of Contact Person JOB LOGISTIC INC Firm/ Company 1599 SW 141ST AVE Address MIAMI, FL 33184 City/ State and Zip Coffe michaeldelaosa29@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LAURA DE LA OSA 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 □\$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$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 P.O. Box 6327 Cliffon Building Tallahassee, FL 32314 266 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JOB LOGISTICS INC

to

(Name of C	orporation as currently f	iled with the F	Torida Dept. of Sta	ite)		
	P10000085-	35				
	(Document Number of C	orporation (if l	(nown)			
Pursuant to the provisions of section 607,100 its Articles of Incorporation:	6, Florida Statutes, this <i>Fl</i>	orida Profit Co	rporation adopts th	e following	g amend	ment(s)
A. If amending name, enter the new name JOB LOGISTIC INC	of the corporation:				The n	ere.
name must be distinguishable and contain "Corp.," "Inc.," or Co" or the designatio word "chartered," "professional association	n "Corp," "Inc," or "Co	". A professio	or "incorporated" onal corporation ne	or the ab mie must e	breviati	ion
B. Enter new principal office address, if a (Principal office address MUST BE A STRE						-
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OF</u>)				5°	2010 J소1 2	-
			· · · · · · · · · · · · · · · · · · ·		9	- ! - []] - []]
D. If amending the registered agent and/or new registered agent and/or the new re	r registered office addres gistered office address:	s in Florida, e	nter the name of th	<u>e</u> .	258	لاسمه
Name of New Registered Agent	•		-			
_	(Florida street	addres)				
New Registered Office Address:	n.	iţv)	Florid	aZip (ode)	_
New Registered Agent's Signature, if change thereby accept the appointment as registered.	ging Registered Agent: Lagent Lam familiar wit	h and accept th	e obligations of the	position		
	. , , , , , , , , , , , , , , , , , , ,		The second of the	,		
·	Signature of New Reg	istered Agent, i	f changing			

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO sheld, President, Treasurer Changes should be noted	and/or D if necess rector title President, = Chief F r, Directo in the fol ves the co	irector boary) If by the fi T= Tree Trancial would the thorough the the the the the the the t	sing added; rst letter of the isurer; S= Seci Officer. If an ie PTD, anner. Curren i, Sally Smith i.	office title: retary: D= Direc officer/director h tly John Doc is h	tor: TR Tru tolds more th isted as the P.	irector being removed and title, name, and ustee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is nould be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doe				
X Remove	\underline{V}	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>		Name			Address
1) Change		-				
Add					-	
Remove						
2) Change		_			 	
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						

_ Remove

Attach additional sheets, if necessary). (Be specific)	
, , , , , , , , , , , , , , , , , , , ,	
f an amendment provides for an exchange, reclassification, or c	cancellation of issued shares,
provisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	the amendment itself:
,,	
·	

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	ntory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were sufficient	nt for approval
by	,"
(voting group)	
The amendment(s) was/were adopted by the board of directors without s action was not required.	hareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharel action was not required.	nolder action and shareholder
01/22/2018	
Signature CUL	
(By a director, president or other officer – if directed, by an incorporator – if in the hands of	
appointed fiduciary by that fiduciary)	1 (2)
LAURA DE LA OSA	aura De 101050
(Typed or printed name of p	erson signing)
PRESIDENT C	oldent
(Title) of person	signine)