

P110000060467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

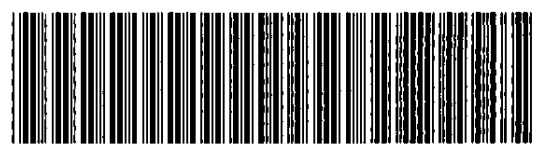
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 22 PM 3:16

Amend
10 @ 8/22/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ADA LOGISTICS CORP

DOCUMENT NUMBER: P11000060467

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDER DELGADO

Name of Contact Person

ADA LOGISTICS CORP

Firm/ Company

11505 NW 4TH TERR

Address

MIAMI, FL 33172

City/ State and Zip Code

ALEXDEL84@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDER DELGADO

Name of Contact Person

at (786) 556-3163

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 &
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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 AUG 22 AM 8: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 28, 2011

ALEXANDER DELGADO 2ND MAILING
ADA LOGISTICS CORP
995 W 74TH ST. #104
HIALEAH, FL 33014

SUBJECT: ADA LOGISTICS CORP
Ref. Number: P11000060467

We have received your document for ADA LOGISTICS CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 911A00016799



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2011

ALEXANDER DELGADO
ADA LOGISTICS CORP
11505 NW 4TH TERR
MIAMI, FL 33172

SUBJECT: ADA LOGISTICS CORP
Ref. Number: P11000060467

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Irene Albritton
Regulatory Specialist II

Letter Number: 911A00016799

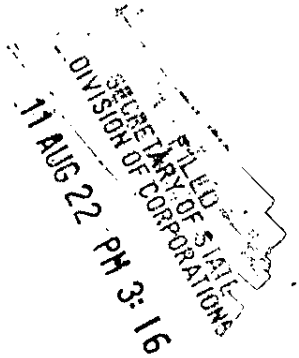
Articles of Amendment
to
Articles of Incorporation
of

ADA LOGISTICS CORP

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

P11000060467

(Document Number of Corporation (if known))



Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

995 W 74TH STREET #104

HIALEAH, FL 33014

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

995 W 74TH STREET #104

HIALEAH, FL 33014

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

ALEXANDER DELGADO

New Registered Office Address:

995 W 74TH STREET #104

(Florida street address)


HIALEAH

(City)

Florida 33014
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 08/12/2011
(date of adoption is required)

Effective date if applicable: _____
(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 _____."
(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 08/12/2011

Signature _____

(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)

ALEXANDER DELGADO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)