P11000063955

Office Use Only



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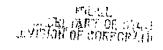
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CARGO DISTR	RIBUTION EXPORT INC	
DOCUMENT NUMBER: P11000063955		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
CHARLIE DIAZ		
	Name of Contact Persor	1
CARGO DISTRIBUTION	EXPORT INC	
	Firm/ Company	 _
1932 NW 82 AVENUE	. ,	
	Address	
DORAL, FL 33126		
	City/ State and Zip Code	
CDIAZ@CDEXPORT.COM		
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple	ease call:	
CHARLIE DIAZ	at (477-6610
Name of Contact Person Area Code & Daytime Telephone		de & Daytime Telephone Number
Enclosed is a check for the following amount mad	de payable to the Florida Depa	artment of State:
\$35 Filing Fee \$Certificate of Status		☐\$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	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



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CARGO DISTRIBUTION EXPORT INC

(Name of Corporation	on as currently fi	<u>iled with the Florida D</u>	ept. of State)	
P11000063955				
(Docum	ient Number of Co	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Flo	orida Profit Corporation	adopts the follow	ing amendment(s)
A. If amending name, enter the new name of the co	rporation:			
				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the c	" "Inc," or "Co	". A professional corp		
B. Enter new principal office address, if applicable	:			
(Principal office address <u>MUST BE A STREET ADD</u>				 -
		- 		
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>X</u>) .	<u> </u>	. <u></u>	
		_		
	_			
			<u> </u>	
D. If amending the registered agent and/or register	ed office address	s in Florida, enter the n	ame of the	9016 OC
new registered agent and/or the new registered			 -	8 9
None of New Desirement Assets				二 完建計
Name of New Registered Agent				— ~ 글롤링
				
	(Florida street	address)		 한쪽
New Registered Office Address:			, Florida	25 ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±
The Market Control of the Control of	(Ci	ity)		p Code)
New Registered Agent's Signature, if changing Reg	istered Agent:			
I hereby accept the appointment as registered agent.		h and accept the obligat	ions of the position	1.
Sign	ature of New Reg	istered Agent, if changir	ıg	

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: X Change	<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>	Name	<u>Addres</u> s
1) Change	VP	BIBIAN OVALLES	1932 NW 82ND AVENUE
XAdd			DORAL, FL 33126
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Add Remove			
TTT ICETIONE			

Tamending or adding additional Articutach additional sheets, if necessary).	(Be specific)	_			
					
					
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		 -			-
	<u> </u>		<u> </u>	<u> </u>	
					
	· · ·	-			
					
an amendment provides for an exch	ianga radoccifia	ation or cance	ollation of issue	od charoc	
provisions for implementing the ame	ndment if not co	ntained in the	amendment its	self:	
(if not applicable, indicate N/A)					
			 -		
	· — — — — — — — — — — — — — — — — — — —				
	. <u> </u>		· -	 	
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	on:		, if other than the
date this document was signed.		TAR SMETAR TYPEON OF T	Toronalis
Effective date if applicable:	(no more than 90 days after amendme	nt file data\9010 DOT + m	
	(no more than 30 days after amename)	m the date to the OCI 17	PM 1: 28
Note: If the date inserted in this block document's effective date on the Departm	does not meet the applicable statutory filing reent of State's records.	equirements, this date wil	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	•	
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast nt for approval.	for the amendment(s)	
	by the shareholders through voting groups. To voting group entitled to vote separately on the		
"The number of votes cast for th	e amendment(s) was/were sufficient for approv	al	
by	<u> </u>	, ,	
	(voting group)		
☐ The amendment(s) was/were adopted laction was not required.	by the board of directors without shareholder ac	ction and shareholder	
☐ The amendment(s) was/were adopted laction was not required.	by the incorporators without shareholder action	and shareholder	
10/5/2016 Dated Signature	Martie du		
(By a directo selected, by a	r, president or other officer – if directors or offi an incorporator – if in the hands of a receiver, t duciary by that fiduciary)		
СНА	RLIE DIAZ		
- "	(Typed or printed name of person signing	g)	
PRE	SIDENT		

(Title of person signing)