Plaboodby

(F	Requestor's Name)			
(A	Address)			
(A	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions t	o Filing Officer:			
Office Use Only				



300264228213

09/18/14--01019--002 **35.00

Amel

SEP 2 4 2014

R. WHITE

TA SER 18 PH I:

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ARCIS LO DOCUMENT NUMBER: P120000263)RP				
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
ORLEY SANCI	HEZ					
ARCIS LOGIS	Name of Contact Person	n				
3230 SW 99 A	Firm/ Company VE					
MIAMI, FL 331	Address 65 City/ State and Zip Code	B				
ORLEYSANCHEZ@YAHOO.COM E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
ORLEY SANCHEZ	_{at (} 786	,8004276				
Name of Contact Person		de & 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	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

ARCIS LOGISTICS CORP

14 SEP 18 PH 1:41

(Name of Corporation as currently filed with the Florida Dept. of State) P12000026347 (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: N/A 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." 110 JARDIN DR B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SEVEN SPRINGS N.C. 28578 C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: , Florida (City) (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

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	PT	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	NA			
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
[]				
6) Change		_		
Add				
Remove				

C. <u>If</u>	mending or adding additional Articles, enter change(s) here:
	ach additional sheets, if necessary). (Be specific)
N	A
. 4	
.,.	
	·
_	
If:	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>p</u>	ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
1	(y not applicable, mateure 1911)
7	<u> </u>
•	

The date of each amendment(s) adoption: 9-15-14	, if other than the
date this document was signed.	,
Effective date if applicable: 9-15-14	
(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)	
(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 9-15-14	
Signature X	
(By a director, presiden of 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)	
ORLEY SANCHEZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	