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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

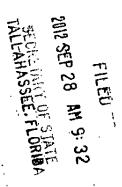
Office Use Only



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10/3/12

COVER LETTER

TO: Amendment Section

Division of Corporations The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code For further information concerning this matter, please call: 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 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Artic	cles of Amendment,
Articl	es of Incorporation FILED
	of
Logistic E Co	Orparation 2012 SEP 28 AM 9: 32
(Name of Corporation as currently filed w	ith the Florida Dept. of State)
712000364	ith the Florida Dept. of State) TALLAHASSEE. FLORIDA
(Document Number of Corpo	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statuts Articles of Incorporation:	ates, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:
	The new
	orporation," "company," or "incorporated" or the abbreviation ac," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	10305 NW 41 Street
(Principal office address <u>MUST BE A STREET ADDRES</u>	S) CH 215
	<u> </u>
	_ JOICI 1+1.351+P
C. Enter new mailing address, if applicable:	1000 000 1000 000 000
(Mailing address MAY BE A POST OFFICE BOX)	10305 NW 41 Street
	<u>Sk.215</u>
·	DO(01,7L. 33178
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
01/4	edo E. Vizacijondo
Name of New Registered Agent + 1+16	
10,000	NW 41 Street, Ste. 215
	Florida street address)
New Registered Office Address:	101 , Florida + (. 351 + 8
i	(City) (Zip Code)
New Registered Agent's Signature, if changing Redictere	ed Agent:
I hereby accept the appointment as registered agent. It dm	familiar with and accept the obligations of the position.
<u> </u>	
Signature of New Re	gistered 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:	, and sai	.,	S, as an Itali	
X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith_	
Type of Action (Check One)	Title		Name	Address
1) \angle Change	P	- .	Luis cabrera	4327 Hagnolia Zidge Drive
Add				weston, FL. 33331
2)Change	7	_	Alfredo E. Vizocalo	_
Add				Stc. 215 Dolo17-1 33177
3) Change		Σ	Alfredo E. Vizacin	cndo 10805 NW 41 Street Stc - 215
Remove				Doral, F1 33174
4) Change		_		
Add				
5) Change				
Add Remove				
6) Change				
Add				
Remove				

	(Be specific,	,				
						
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f an amendment provides for an exc	change, reclass	sification, or	cancellation	of issued s	hares.	
provisions for implementing the am	change, reclassiendment if no	sification, or e t contained in	cancellation	ı of issued s Iment itself:	hares.	
f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	change, reclass endment if no	sification, or o	cancellation	ı of issued s Iment itself:	hares.	
provisions for implementing the am	change, reclassiendment if no	sification, or a	cancellation	n of issued s Iment itself:	hares.	
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provisions for implementing the am	endment if no	sification, or o	cancellation the amen	of issued s	hares,	

The date of each amendment(s) adoption: 9/21/12
Effective date if applicable: 9/21/12
(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 9/2)/12
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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
reskent
(Title of person signing)