P12000047206

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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DIVISION OF CURPORATEDA

JUL 1 9 2017 C McNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR	ATION: INTERLOG DIST	RIBUTION AND SERVIC	'E INC
DOCUMENT NUMB			
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
1	ROSENY K CASTILHO		
-		Name of Contact Person	1
]	INTERLOG DISTRIBUTIO	N AND SERVICE INC	
-		Firm/ Company	
	7225 NW 68 STREET - UNI	T 12	
-		Address	
;	MIAMI, FL 33166		
-		City/ State and Zip Code	<u> </u>
ROSE	NY.KOEHLER@VTKUSA.	СОМ	
	7.5	sed for future annual report	notification)
		•	
For further information	concerning this matter, pleas	se call:	
ROSENY K CASTILI	Ю	at (305	885-7775
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtiment of State;
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		Address
	ndment Section ion of Corporations		ment Section n of Corporations
121313	ion or corporations	151510	n or Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

INTERLOG DISTRIBUTION AND SERVICE INC

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

P12000047206

A. If amending name, enter the new n	ame of the corporation:	
N/A		The
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	tion," "company," or "incorporated" or the abbrevi - "Co". A professional corporation name must contai
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>		N/A
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	icable: OFFICE BOX)	N/A
 If amending the registered agent ar new registered agent and/or the ne 	nd/or registered office ad w registered office addre	Idress in Florida, enter the name of the
iter register ed agenti antigor tile ne		
	ROSENY K CASTILHO	
Name of New Registered Agent	ROSENY K CASTILHO 7225 NW 68 STREET -)
	7225 NW 68 STREET -)
	7225 NW 68 STREET - (Florida:	UNIT 12

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 Doc 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.

X Change	PT .	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u> :	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	FABIANA DE CAMPOS FERNANI	7225 NW 68 STREET - UNIT 12
Add			MIAMI, FL 33166
X Remove			
2) Change	V	DEBORAH DE CAMPOS FERNAN	7225 NW 68 STREET - UNIT 12
Add) 	MIAMI, FL 33166
X Remove			
3) Change	P - V	ROSENY K CASTILHO	7225 NW 68 STREET - UNIT 12
X Add			MIAMI, FL 33166
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
N/A	tox obey her	
		•
		
		
 		
-		· ·
F. If an amendment provides for an exch	ange, reclassification, or cancellation	of issued shares,
provisions for implementing the ame	ndment if not contained in the amendn	nent itself:
(if not applicable, indicate N/A)		
N/A		

The date of each amendment(s) adoption: July 12, 2017 date this document was signed.	if other than the
Effective date if applicable:	
(no more than 9t) days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ll not be listed as the
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	
☐ 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_ July 12, 2017	
Signature Jahrun Jauphush	
(By a director, president 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)	_
(Typed or printed name of person signing)	_
(Typed or printed name of person signing)	
<u> Prenim dem f</u> (Title of person signing)	<u> </u>
(Title of person signing)	