

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doe	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer:	
		-

Office Use Only



800308533888

02/06/18--01026--023 **35.00

S TALLENT FEB 0 7 2018



COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ARKSEDAN LOGISTICS, INC DOCUMENT NUMBER: P12000050232 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NATALYA VOROJEYKINA Name of Contact Person Firm/ Company 301 174TH STREET APT 315. Address SUNNY ISLES, FL 33160 City/ State and Zip Code NVOROJ@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 496-0329
Area Code & Daytime Telephone Number NATALYA VOROJ Name of Contact Person 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

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

ADMICTO	A NUL	OGISTICS	1NC
AKKSELL	$A \cdot A \cdot$	COUNTRY OF	1.

(Name of Corporation as currently	filed with the Florida Dept. of State)
P12000050232	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, this <i>I</i> its Articles of Incorporation:	Horida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: ARKSEDAN, INC	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Oword "chartered," "professional association," or the abbreviation "I	'o" A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	20. 70
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	FILED
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	
ıFlorida stre	ci addressi
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 w	
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 = Freasurer: S = Secretary: D = Director, TR = Frustee, 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, Freasurer, 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

X Change	<u>PT</u>	<u>John Doe</u>	
\underline{X} Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Fr Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
() (I)			
6) Change			
Add			
Remove			

Attach additiona	adding additional Art al sheets, if necessary).	(Be specific)			
					
					_
	· · · · · · · · · · · · · · · · · · ·				
				•	
		_			
					· · · · · · · · · · · · · · · · · · ·
					
					
				· · · · · ·	
'a <u>n amendme</u>	nt provides for an exc	hange, reclassific	cation, or cancell	ation of issued sh	ares,
provisions for	implementing the ame licable, indicate N.A.)	endment if not co	ontained in the ar	nendment itself:	
(i) nea capp	icane, marcine is 31				
					·
		·			
			·		
- 				-	

The date of each amendmen	•	, if other than the
date this document was signed		
Effective date <u>if applicable</u> :	02/01/2018	
The control of the co	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendme ere sufficient for approval.	mt(s)
	re approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	'ement
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required. The amendment(s) was/we	re adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder	
action was not required.		
	1/2018	
Dated Signature_	Manuel	
(1 so	By a director, president or other officer — if directors or officers have not be elected, by an incorporator — if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	
	NATALYA VOROJEYKINA	
	(Typed or printed name of person signing)	
	OWNER	
	(Title of person signing)	

.....