

PI2000055459

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(Business Entity Name)

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Amend

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BHF Logistics Inc
DOCUMENT NUMBER: P12000055459

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STUART Howitt
Name of Contact Person
Howitt + Associates Inc
Firm/ Company
3333 W Commercial Blvd #110
Address
FT. LAUDERDALE FL 33309
City/ State and Zip Code
SEC179@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STUART Howitt at (954) 735-7178
Name of Contact Person Area Code & 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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

BHF Logistics Inc

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

P12000055459

(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:

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."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11380 SW Reston Ct
Port St. Lucie FL 34987

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11380 SW Reston Ct
Port St. Lucie FL 34987

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

11380 SW Reston Ct.

(Florida street address)

New Registered Office Address:

Port St. Lucie

(City)

, Florida 34987

(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

(Attach additional sheets, if necessary)

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.

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
-----------------	-----------	-----------------

X Remove V Mike Jones

X Add	SV	Sally Smith
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Title	Name
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1) Change

P EMIN SERTOVIC

3766 SW SAVONA Blvd

Add

✓ Remove

2) Change

P Mirza Bueuk

11380 SW RESTON CT.

Add

Remove

3) Change

Add

Remove

4) Change

Add

Remove

5) _____ Change

Add

Remove

6) _____ Change

Add

Remove

(Attach *additional sheets, if necessary*). (Be specific)

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(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11/3/16

Signature Zlatan Hukic
(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)

ZLATAN HUKIC
(Typed or printed name of person signing)

owner VP
(Title of person signing)