P12000059796

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	ə #j
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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION O	RATION: Triple Z Lo BER: P1200005979							
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	rt.					
Please return all corre	spondence concerning this mat	tter to the following:						
	Cheryl Watson							
		Name of Contact Persor	1					
	Amazing Transpo	ort Services Inc						
		Firm/ Company						
	2437 Barkwater	Dr						
		Address						
	Orlando FL 3283	9						
		City/ State and Zip Code	e .					
pal	mbeachexpo@gr	mail.com						
<u> </u>	. •	sed for future annual report	notification)					
			•					
For further information	on concerning this matter, pleas	se call:						
Cheryl Wats	on	at (407	373-3860					
Name	of Contact Person		de & Daytime Telephone Number					
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)					
<u>Ma</u>	Mailing Address Street Address							
	endment Section	Amendment Section						
	ision of Corporations		on of Corporations					
	D. Box 6327		Building					
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301								
		i allalla	10000, FL 32301					

Articles of Amendment to **Articles of Incorporation** of

FILED

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Triple Z Logistics Inc

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

BALLAHASSEE, FLOWDA

P	1	2	0	0	0	0	5	9	7	9	6				
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nt(s) to

F 12000039790					
(Document Number of Co	rporation (if kn	own)			_
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Floor	rida Profit Corpo	oration add	opts the followin	ig amendm
A. If amending name, enter the new name of the corp.	oration:				
Amazing Transport Services Inc					The ne
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abl	"Inc," or "Co"	'. A professiona			_ bbreviatio
B. Enter new principal office address, if applicable:		N/	4		
(Principal office address MUST BE A STREET ADDRI	<u>ESS</u>)	/		<u>.</u>	_
	-	- vii			-
	-				_
C. Enter new mailing address, if applicable:		N/a	L		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	-	/1//	<u> </u>		-
	-				-
	-				_
D. If amending the registered agent and/or registered		<u>in Florida, ente</u>	r the name	e of the	
new registered agent and/or the new registered off	ice address:				
Name of New Registered Agent	N/A				
	/				
	(Florida street a	ıddress)			
New Registered Office Address:		***	, Florida <u> </u>		_
	(City)			(Zip Code)	
New Registered Agent's Signature, if changing Registe	ared Agent:				
I hereby accept the appointment as registered agent. I as		and accept the o	bligations	of the position.	
Signature of New	Registered Ager	nt 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		_ N/A	
Remove			
2) Change			
Add			
Remove 3) Change			
Add			-
Remove			
4) Change Add			
Remove			
5) Change			
Remove			
6) Change			
Add Remove			

E. <u>If amendin</u>	g or adding additional Artilitional sheets, if necessary).	(Ra specific)	<u>e</u> :	
(Attach aaa				
	N/	<u> </u>		
	•			
-				
	<u> </u>			
	<u> </u>		<u> </u>	
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		10000		
				<u> </u>
. If an amen	dment provides for an excl	nange, reclassification, or	cancellation of issued shar	res,
provision	s for implementing the ame	ndment if not contained	in the amendment itself:	_
(if not	t applicable, indicate N/A)	. /		
		N/A		
		/		
<u></u>				
<u>.</u>	***		***	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u> </u>
(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 6/23/2014	
Signature // 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)	
Cheryl Watson	
(Typed or printed name of person signing)	_
Vice President	
(Title of person signing)	