P12000000294

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORP	ORATION: IZZI LOGISTICS	CORP			
DOCUMENT NU	MBER: P12000060294				
	es of Amendment and fee are su	bmitted for filing.			
Please return all co	respondence concerning this ma	tter to the following:			
	JUAN M LARA				
		Name of Contact Person	1		
	IZZI LOGISTICS CORP	IZZI LOGISTICS CORP			
,		Firm/ Company			
	8348 NW 74TH AVENUE				
	Address				
	MEDLEY, FL 33166				
		City/ State and Zip Code	2		
TR	ATOLTDA@GMAIL.COM				
_	E-mail address: (to be us	sed for future annual report	notification)		
For further informa	tion concerning this matter, pleas	se call:			
JUAN M LARA		at (305	456 6183		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	S43.75 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		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle		

Articles of Amendment to Articles of Incorporation of

IZZI LOGISTICS CORP (Name of Corporation as currently filed with the Florida Dept. of State) P12000060294 (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: IZZI COMMERCE CORP 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." N/AB. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent N/A (Florida street address) 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 with and accept the obligations of the position.

Signature of New Registered 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: 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)	<u>Title</u>	Name Address
1) N/A Change		
N/A Add		
N/A Remove		
2) N/A Change		
N/A Add		
N/A Remove		
3) N/A Change		
N/A Add		
N/A Remove		
4) N/A Change		
N/A Add		
N/A Remove		
5) N/A Change		
N/A Add		
N/A Remove		.
N/A		
6) N/A Change		
Add .		
N/A Remove		

E. If amending or adding additional Articles, ente (Attach additional sheets, if necessary). (Be special additional sheets).	ecific)
N/A	
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F. If an amendment provides for an exchange, rec provisions for implementing the amendment is (if not applicable, indicate N/A)	classification, or cancellation of issued shares, if not contained in the amendment itself:
N/A	
3	

JANUARY 1ST, 2017	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
JANUARY 1ST, 2017 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 document's effective date on the Department of State's records.	l not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 N/A	
by N/A (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.	
DECEMBER 30TH, 2017	
Signature Lan Manuel Jara	
(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)	
JUAN M LARA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	