P13000054303

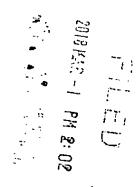
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:ON	OGISTICS INC			
DOCUMENT NUMBER:	P13000054303				
The enclosed Articles of Art	nendment and fee are sub	omitted for filing.			
Please return all correspond	ence concerning this mat	ter to the following:			
GUI	LLERMO D CORTES				
V 		Name of Contact Person	1		
СО	CORDURAN ACCOUNTING SYSTEMS LLC				
		Firm/ Company			
3004	PORTOFINO ISLE, SU	TITE G-3			
		Address			
COC	CONUT CREEK, FLORI	DA 33066			
		City/ State and Zip Cod	<u> </u>		
corduran	I@aol.com				
-	E-mail address: (to be us	ed for future annual report	notification)		
For further information con		954	849-0079		
Name of Co		at (Area Co) de & Daytime Telephone Number		
Enclosed is a check for the			,		
□ \$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)		
Division P.O. Box	ent Section of Corporations	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corneration as a	urrently filed with the Florida Dept. of State)
P13000054303	arrenty med with the Fiorida Dept. of State)
	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporat	tion:
N/A	The new
	poration," "company," or "incorporated" or the abbreviation ;;" or "Co". A professional corporation name must contain the station "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	N/A
1	20 5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(maining data ess <u>may payer our quiried bort</u>)	
D. If amending the registered agent and/or registered offi	ion address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent N/A	
(FI	orida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
Sionature a	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 <math>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>	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) X Change	D	RIVERA JOSE E	1080 N FRANKLIN AVE
Add			APT. F
Remove			HOMESTEAD FL 33034
2) Change	P	JOSE E RIVERA	1080 N. FRANKLIN AVE
X Add			APT.F
Remove			HOMESTEAD FL. 33034
$\frac{X}{X}$ Change	P	LISSETTE, CHANG ROSA	1080 N. FRANKLIN AVE
Add			APT.F
Add			HOMESTEAD FL 33034
4) Change	VP	ROSA CHANG	1080 N. FRANKLIN AVE
X Add			APT.F
Remove			HOMESTEAD FL. 33034
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
N/A		
147		
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
provisions for implementing the amendment if not contained in the amendment itself:		
(if not applicable, indicate N/A)		
N/A		

	FEBRUARY 26, 2018	
The date of each amendment		, if other than the
date this document was signed.		
Effective date if applicable:	FEBRUARY 26, 2018	
<u></u>	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date wine Department of State's records.	II not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
FEB	RUARY 26, 2018	
Dated		
	(). Mb	
Signature	y a director, president or other officer – if directors or officers have not been	
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	pointed fiduciary by that fiduciary)	
	JOSE E RIVERA	
	(Typed or printed name of person signing)	<u></u>
	PRESIDENT	
	(Title of person signing)	