## P13000089170

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
|                         |                    |             |
| (Ad                     | ldress)            |             |
| (Cir                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | MAIT               | MAIL        |
| (Bu                     | siness Entity Nar  | me)         |
| (Do                     | ocument Number)    | <u> </u>    |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPO           | DRATION: M.D.C. Logistics   | Inc  |  |                                   |            |     |
|-------------------------|---|--|--|-----------------------------------|------------|-----|
|                         | IBER: P13000089170  |  |  |                                   |            |     |
| The enclosed Article    | s of Amendment and fee are s                                      | abmitted for filing.   |  |                                   |            |     |
| Please return all corr  | espondence concerning this ma                                     | atter to the following:  |  |                                   |            |     |
|                         | Marco Chacon  |  |  |                                   |            |     |
|                         | <del></del>   | Name of Contact Perso  | 1)   |                                   |            |     |
|                         | M.D.C. Logistics Inc.   | The state of the s | ••   |                                   |            |     |
|                         |   | Firm/ Company  |  |                                   |            |     |
|                         | 42 Stembridge Road  | r ittie Company  |  |                                   |            |     |
|                         |   |  |  |                                   |            |     |
|                         | Lake Wales, FL 33898  | Address  |  |                                   |            |     |
|                         | Lake Wates, PL 55898  |  |  |                                   |            |     |
|                         |   | City/ State and Zip Cod  | e e  |                                   |            |     |
|                         | mdclogisticsine@gmail.com   |  |  |                                   |            |     |
|                         | E-mail address: (to be u  | sed for future annual report   | notification)  |                                   |            |     |
|                         | on concerning this matter, plea                                   |  |  | SEC                               | 2023 APR - |     |
| Marco Chacon            |   | at (   | 486-2999<br>)  |                                   |            | ~47 |
| Name                    | of Contact Person   | Area Co  | de & Daytime Telephone Number  |                                   | <b>≯</b>   | •   |
| Enclosed is a check for | or the fullowing amount made                                      | payable to the Florida Depa  | urtment of State:  | 一覧なり                              | 7          |     |
| S35 Filing Fee          | □\$43.75 Filing Fee & Certificate of Status                       | □S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | CORETARY OF STATE TALLAHASSEE, FL | AH O. Co   |     |
| Am<br>Div               | iling Address tendment Section rision of Corporations 1. Box 6327 | Amend<br>Divisio   | Address ment Section n of Corporations entre of Tallahassee                            |                                   |            |     |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

| M.D.C. Logistics Inc   |   |                       |
|--|---|-----------------------|
| (Name of Corporation as currently  | filed with the Florida Dept. of State)          |                       |
| P13000089170   |   |                       |
| (Document Number of  | Corporation (if known)                          |                       |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:   | Horida Profit Corporation adopts the following  | ng amendment(s) to    |
| A. If amending name, enter the new name of the corporation:  |   |                       |
|  |   | Thenew                |
| name must be distinguishable and contain the word "corporation," "co<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A<br>"chartered," "professional association," or the abbreviation "P A." |   |                       |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )  |   |                       |
|  |   |                       |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |   |                       |
|  |   |                       |
| D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:   |   | 2023 APR -<br>SECRETA |
| Name of New Registered Agent   |   | PR -1                 |
|  |   | 50 - 1<br>- 200 - 1   |
| (Florida stre  | et address)                                     | 指导音                   |
| New Registered Office Address:   | , Florida                                       | S17.                  |
|  | City) CZip                                      | Codel S               |
|  |   |                       |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am jamiliar w   | ith and accept the obligations of the position. |                       |
|  |   |                       |
| Signature of New Re  | gistered Agent, if changing                     |                       |
| Check if applicable  |   |                       |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

| X Change                      | <u>PT</u>    | John Doc                    |                               |  |
|-------------------------------|--------------|-----------------------------|-------------------------------|--|
| X Remove                      | <u>V</u>     | Mike Jones                  |                               |  |
| X Add                         | <u>sv</u>    | Sally Smith                 |                               |  |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>                 | <u>Addres</u> s               |  |
| I) Change                     | P            | Ashley Rodriguez            | 10 East Magnolis Street       |  |
| Add                           |              |                             | Davenport, FL 33837           |  |
| X Remove                      | S            | Marian Gines                | 2700 Michigan Avenue Suite E  |  |
| 2) Change Add                 | -            |                             | Kissimmee, FL 34744           |  |
| X Remove 3 ) Change           | <u>v</u>     | Jorge Luis Cordero-Martinez | 1852 Saturn Blyd Lot 8 40 ~ ~ |  |
| Add                           |              |                             | Orlando, Fl., 32837           |  |
| X Remove 4) Change            | V            | Rafael Hernandez            | 1489 Alligator St             |  |
| Add                           |              |                             | St. Cloud. FL 34771           |  |
| X Remove                      |              |                             | ATE ATE                       |  |
| 51 Change                     |              |                             |                               |  |
| Add                           |              |                             |                               |  |
| Remove 6) Change              |              |                             |                               |  |
| Add                           |              |                             |                               |  |
| Remove                        |              |                             |                               |  |

TIME

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|   | 生 = 1                      |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,                      | 為業                         |
| provisions for implementing the amendment if not contained in the amendment itself:                                   |                            |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | ~~·\                       |
| provisions for implementing the amendment if not contained in the amendment itself:                                   | <u> </u>                   |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |                            |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | STATE<br>E. FL             |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |                            |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |                            |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |                            |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |                            |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |                            |
| provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |                            |

| March 30th, 2023   |        |
|--|--------|
| The date of each amendment(s) adoption:, if other that   | in the |
| date this document was signed.   |        |
| March 30th, 2023   |        |
| Effective date <u>if applicable:</u> (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 a locument's effective date on the Department of State's records.  | is the |
| Adoption of Amendment(s) (CHECK ONE)   |        |
| The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.  |        |
| ☐ 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  |        |
| The state of the s |        |
| by"  |        |
| (voting group)   |        |
| 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)  Marco Antonio Chacon  |        |
|  |        |
| (Typed or printed name of person signing)  |        |
| President PE 0   |        |
| (Title of person signing)  | _      |