P1300095779

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
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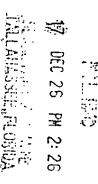
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COVER LETTER

TO: Amendment Section Division of Corporations

ţ.º

NAME OF CORPO	RATION: Vika Logistics Cor	-р	·
DOCUMENT NUM	BER: P13000095779		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Juan Pablo Bruzual		
		Name of Contact Person	n
	Vika Logistics Corp.		
		Firm/ Company	
	8850 NW 18th Terrace		
		Address	-
	Doral, FL 33172		
		City/ State and Zip Cod	e
inhri	ızual@vikalogisticscorp.com		
<u></u>	•	sed for future annual report	notification)
	,	•	,
For further information	on concerning this matter, pleas	se call:	
Juan Pablo Bruzual		786 at () 651-8167
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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address		Address
Amendment Section		Amendment Section	
	vision of Corporations	Division of Corporations Clifton Building	
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Vika Logistics Corp. (Name of Corporation as currently filed with the Florida Dept. of State) P13000095779 (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: N/A 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/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent (Florida street address) New Registered Office Address: (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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>		Andrea Gonzalez	8850 NW 18th Terrace
XAdd				Doral, FL 33172
Remove				
2)Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add			=	
Remove				
S) Charry				
5) Change		_		
Add			•	
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
N/A	(be specific)	
V/A		
		
·		
·		
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
N/A		
N/A		

	N/A	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
	i/A	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(se sufficient for approval.	3)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	:r
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
12/19/20 Dated/		
Signature	a director, president or other officer – if directors or officers have not been	
	a difference president or other officer – if directors or officers have not been officer, by an incorporator – if in the hands of a receiver, trustee, or other cour	1
	ointed fiduciary by that fiduciary)	•
	Juan Pablo Bruzual	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	