P14000001774

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TO: Amendment Sec Division of Corp							
NAME OF CORPORATION: CHA LOGISTICS, INC.							
DOCUMENT NUMBER: P14000001774							
	of Amendment and fee are su						
Please return all correspondence concerning this matter to the following:							
	Andrea Montes						
		Name of Contact Person					
	Sol Group Marketing		•				
		Firm/ Company					
	1751 SW 8th ST						
		Address					
	Pompano Beach, Florida, 330	069					
		City/ State and Zip Code	2				
phart	ty@fyffes.com						
-	E-mail address: (to be us	sed for future annual report	notification)				
For further information	on concerning this matter, pleas	se call:					
Andrea Montes		954 at (5868808				
Name	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment of State:				
S35 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)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahasser, FL 32301					

Articles of Amendment to Articles of Incorporation of

CHA LOGISTICS, INC.						
(Name of Corporation	on <u>as currently</u> f	iled with the Flor	ida Dept. of State)		
P14000001774						
(Docum	nent Number of C	orporation (if knov	vn)		•	
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this <i>Flo</i>	orida Profit Corpo	ration adopts the i	followin	ig ame	ndment(s)
A. If amending name, enter the new name of the co	rporation:					
					The	new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	," "Inc," or "Co	". A professional			_ bbrevi	ation
B. Enter new principal office address, if applicable						
Principal office address <u>MUST BE A STREET ADD</u>	<u>ORESS</u>)					
				IXI IXI		
					3S E	
Enter new mailing address, if applicable:	. T. (1)			20 P	-0	71
(Mailing address <u>MAY BE A POST OFFICE BO.</u>	<u>A</u>)			<u> </u>	-	1
					<u> </u>	ĪΠ
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				55	32	
 If amending the registered agent and/or register new registered agent and/or the new registered. 		s in <u>Florida, enter</u>	the name of the	23		
"						
Name of New Registered Agent					_	
	201 1	· · · · · · · · · · · · · · · · · · ·			-	
	(Florida street	address)				
New Registered Office Address:		ity)	, Florida_	171:	Code)	
	(C	шу)		(Zip	Coae)	
New Registered Agent's Signature, if changing Reg	istered Agent:					
hereby accept the appointment as registered agent.		h and accept the ol	bligations of the po	sition.		
Cinn	ature of New Rea	istered Agent, if ch	anaina		_	

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 Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	2	Addres	<u>S</u> S
1) Change	DV	Ken I	Everett	1751 S	W 8th St
<u>x</u> Add				Pompai	no Beach, Florida
Remove				33069	
2) Change		_			
Add				<u></u>	
Remove					
3) Change					19 5
Add					SEP 1
Remove					mig w r
4) Change				<u> </u>	7 32 32 32 32 32 32 32 32 32 32 32 32 32
Add					<u> </u>
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

Attach additional sheets, if necessary). (Be specific)	
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	-
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	SEP
f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	224 1
provisions for implementing the amendment if not contained in the amendment itself:	~ 250 . \sim
(if not applicable, indicate N/A)	
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	32 0A
	<u> </u>
	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	ري در
action was not required.		(FC)
08/23/20 Dated	19 	
· · ·	DocuSigned by:	🤃 ω 🞢
Signature	Margaret O'Cleingle	3 1
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	3: 32
	Margaret O'Cleirigh	
	(Typed or printed name of person signing)	
	Director, President	
	(Title of person signing)	