## P1400016409

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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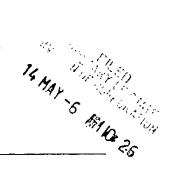
14 MM-6 附版 25

Amend 605.14

## **COVER LETTER**

TO: Amendment Section  Division of Corporations						
NAME OF CORPORATION: AA WEST LOGISTICS INC						
DOCUMENT NUMBER: P1400001640						
The enclosed Articles of Amendment and fee are su						
Please return all correspondence concerning this ma	- -					
•	_					
MERCEDES PER	Name of Contact Person	n				
BALWANT CHEE						
	Firm/ Company					
4160 WEST 16T		05				
. HIALEAH, FL 336	Address					
	City/ State and Zip Cod	e ·				
MERCY@BALCPA.0	COM					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please	se call:					
MERCEDES PEREZ 305 , 6981321						
MERCEDES PEREZ  Name of Contact Person  at (305) 6981321  Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
■ \$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)				
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 Tallahassee, FL 32301					

## Articles of Amendment Articles of Incorporation $\mathbf{of}$



## AA WEST LOGISTICS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

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	14	ij	١J	١J	١,		n4	us

(Document Number of Corporation (if known)

nendment(s) to

A. If amending name, enter the new name of the corporation:		
ame must be distinguishable and contain the word "corporate Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or cord "chartered.," "professional association," or the abbreviation	"Co". A professional corporation name mus	
. Enter new principal office address, if applicable:	5824 AUVERS BLVD #10	
Principal office address <u>MUST BE A STREET ADDRESS</u> )	ORLANDO, FL 32807	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5824 AUVERS BLVD #106	
	ORLANDO, FL 32807	
. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the	
new registered agent and/or the new registered of fice addre		
Name of New Registered Agent		
(Florida s	street address)	
New Registered Office Address:	, Florida	
, (Cit	y) (Zip Code)	
. •		

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 Doc	
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>	Address
1) Change			
Add Remove			
2) Change			
Add			
Remove 3) Change	<del></del>		
Add			
Remove			
4) Change			
Remove			
5) Change			
Add			
6) Change			
Add			
Remove			

ttach additional sheets, if nec	:essary). (Be .	specific)			
				<u> </u>	
<del></del>					
·					
an amendment provides fo	r an evchange	reclassification	on or cancella	tion of issued s	ha rec
provisions for implementing	the amendmer	nt if not conta	ined in the an	rendment itself:	
(if not applicable, indicat	e N/A)				
		<del></del>			
·		<del></del>			·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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"	
(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.	
Dated 05/02/14	
Signature Auf	
(By Airector, fresident 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)	
EDGARDO SERRANO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<del></del>