## P1400016611

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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## COVER LETTER

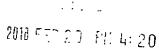
**TO:** Amendment Section Division of Corporations

.

| NAME OF CORPO           | RATION: BIG POWER LOC  | HSTIC INC  |   |  |  |
|-------------------------|--|--|---|--|--|
| DOCUMENT NUMI           | BER: P14000026611  |  |   |  |  |
|                         | of Amendment and fee are su  | bmitted for filing.  |   |  |  |
| Please return all corre | spondence concerning this ma   | tter to the following:   |   |  |  |
|                         | EMILIO E. ROMERO   |  |   |  |  |
|                         |  | Name of Contact Pers   | on  |  |  |
|                         | BIG POWER LOGISTIC INC   |  |   |  |  |
|                         | <u> </u>   | Firm/ Company  |   |  |  |
|                         | 3301 NW 35 STREET  |  |   |  |  |
|                         |  | Address  | - <del>-</del>  |  |  |
|                         | MIAMI, FL 33142  |  |   |  |  |
|                         |  | City/ State and Zip Co   | ode   |  |  |
| omili                   | oromero1276@gmail.com  |  |   |  |  |
|                         |  | sed for future annual repo   | et notification)  |  |  |
|                         | is man address, two be a   | sect for fatare annual repo  | . Hotheanon,  |  |  |
| For further informatio  | n concerning this matter, pleas  | se call:   |   |  |  |
| EMILIO E. ROMERO        |  | 305<br>at (  | 433-0980  |  |  |
| Name                    | of Contact Person  | Area C   | Code & Daytime Telephone Number   |  |  |
| Enclosed is a check for | r the following amount made  | payable to the Florida De  | partment of State:  |  |  |
| S35 Filing Fee          | ☐S43.75 Filing Fee &<br>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)      |  |  |
| Am<br>Div<br>P.O        | iling Address<br>endment Section<br>ision of Corporations<br>. Box 6327<br>ahassee, FL 32314 | Amer<br>Divis<br>Clifte  | et Address Indiment Section Ission of Corporations Indined Building Executive Center Circle |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



| BIG POWER LOGISTIC INC   |                                      |  |
|--|--------------------------------------|--|
| (Name of Corporation as cu   | rrently filed with the Flori         | da Dept. of State)                       |
| P14000026611   |                                      | <i>.</i> ••                              |
| (Document Nun  | ber of Corporation (if know          | n)                                       |
| Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:  | s, this <i>Florida Profit Corpor</i> | vation adopts the following amendment(s) |
| A. If amending name, enter the new name of the corporation   | on:                                  |  |
|  |                                      | The new                                  |
| name must be distinguishable and contain the word "corp," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevia | " or "Co". A professional            | 'incorporated" or the abbreviation       |
| 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 <u>MAY BE A POST OFFICE BOX</u> )   |                                      |  |
|  |                                      |  |
|  |                                      |  |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office agent.  |                                      | the name of the                          |
| Name of New Registered Agent   |                                      |  |
| Name of New Registered Agent   |                                      |  |
| (Flor  | rida street address)                 |  |
| , and the second se   | ,                                    |  |
| New Registered Office Address:   | (City)                               | Florida<br>(Zip Code)                    |
|  |                                      |  |
|  |                                      |  |
| New Registered Agent's Signature, if changing Registered   |                                      | linnei ma afek anasisina                 |
| I hereby accept the appointment as registered agent. I am fan  | umar wun ana accept the ob           | uigations 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 Do    | <u>oc</u>             |                   |  |  |
|-------------------------------|-----------------|------------|-----------------------|-------------------|--|--|
| X Remove                      | $\underline{V}$ | Mike Jones |                       |                   |  |  |
| X Add                         | <u>sv</u>       | Sally Sn   | Sally Smith           |                   |  |  |
| Type of Action<br>(Check One) | <u>Title</u>    |            | Name                  | Address           |  |  |
| 1) X Change                   | V               |            | MARIA CECILIA RAMIREZ | 3301 NW 35 STREET |  |  |
| X Add                         |                 | _          |                       | MIAMI, FL 33142   |  |  |
| Remove                        |                 |            |                       |                   |  |  |
| 2) Change                     |                 | _          |                       |                   |  |  |
| Add                           |                 |            |                       |                   |  |  |
| Remove                        |                 |            |                       |                   |  |  |
| 3) Change                     |                 | _          |                       |                   |  |  |
| Add                           |                 |            |                       |                   |  |  |
| Remove                        |                 |            |                       |                   |  |  |
| 4) Change                     |                 |            |                       |                   |  |  |
| Add                           |                 |            |                       |                   |  |  |
| Remove                        |                 |            |                       | <u></u>           |  |  |
| 5) Change                     |                 | _          |                       |                   |  |  |
| Add                           |                 |            |                       |                   |  |  |
| Remove                        |                 |            |                       |                   |  |  |
|                               |                 |            |                       |                   |  |  |
| 6) Change                     |                 | _          |                       |                   |  |  |
| Add                           |                 |            |                       |                   |  |  |
| Remove                        |                 |            |                       |                   |  |  |

| Attach additional sheets, if necessary).                         | cles, enter change(s) he<br>(Be specific)        |   |                        |   |
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| an amendment provides for an exclusions for implementing the ame | ange, reclassification, and ment if not containe | or cancellation of issi<br>d in the amendment i | ued shares,<br>itself: |   |
| (if not applicable, indicate N/A)                                |  |   |                        |   |
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| + + + + + + - +   | 2/13/2018   |                          |
|---|---|--------------------------|
| The date of each amendment(s) date this document was signed.          | adoption:   | , if other than th       |
| Effective date if applicable:   |   |                          |
| <u> </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 Department of State's records.  | will not be listed as th |
| Adoption of Amendment(s)  | (CHECK ONE)   |                          |
| ☐ 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 for 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)  |                          |
|   | (voting group)  |                          |
| ☐ The amendment(s) was/were a action was not required.                | dopted by the board of directors without shareholder action and shareholder   |                          |
| The amendment(s) was/were a action was not required.                  | dopted by the incorporators without shareholder action and shareholder  |                          |
| 2/13/201  | $\mathcal{L}$   |                          |
| Dated   | B. C.   |                          |
| 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 tiduciary) | <del></del>              |
|   | EMILIO ROMERO   |                          |
|   | (Typed or printed name of person signing)   |                          |
|   | PRESIDENT   |                          |
|   | (Title of person signing)   | ····                     |