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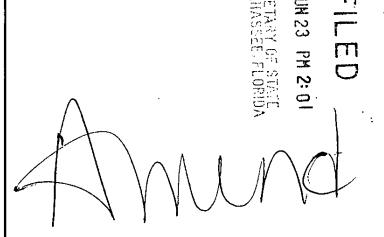
. (Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	∋ #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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JUN 28 2016 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section

Division of Corpora	ations				
NAME OF CORPORA	Stion: Su Cr. P140	nlife Logis 00060119	stics. Inc		
The enclosed Articles of	Amendment and fee are su	ibmitted for filing.			
	ondence concerning this ma	_			
·	_	· ·	1.	01.0	
_	+11	ANN HCA	NDA/Mainelis	17,co.	
		Name of Contact Pers			
		NONC Firm/ Company			
	17965		Δ.16		
_	1.(5)	Address	7100		
	M: a.	Address  Ai FL  City/ State and Zip Co	33187.		
-		City/ State and Zip Co	de		
		4	TLOOK. COM.		
For further information of	concerning this matter, please	se call:			
Frank	ACANDA	at (305	, 479-6104.		
	Contact Person	Area C	ode & Daytime Telephone Number		
Enclosed is a check for the	he following amount made	payable to the Florida Dep	partment 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		t Address		
	Iment Section of Corporations		idment Section		
	ox 6327	ons Division of Corporations Clifton Building			
	assee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment

to

ور of Incorporation
of the state of th
Logistics, Inc To L
rently filed with the Florida Dept. of State)
60119
per of Corporation (if known)
this Florida Profit Corporation adopts the following amendmen
<u>ı:</u>
The new
ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ion "P.A."
17965 SW 149 AR
Miaui #L 33187.
1.11 HM1 + FC 33:01
address in Florida, enter the name of the
Iress:
K ACANDA
Sw 149 Ave
da street address)
Mi
(City) (Zip Code)
gent: liar with and accept the obligations of the position.
ew 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:

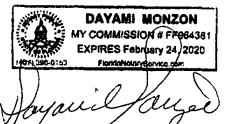
P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director 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 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>	Address
1) Change	P	<u>Ulice G Capote</u>	17965 Sw 149 Ave
Add Remove			Miani, = L 33187.
2) Change Add	P	Frank ACANDA	17965 Sw 149 ADE Miani, FL 33187.
Remove 3) Change Add			
Remove 4) Change			
Add Remove			
5) Change Add			
Remove 6) Change			
Add			
Kemove			

f amending or adding Attach additional sheet:	additional s, if necesso	l Articles, enter ch ary). (Be specific	ange(s) here:			
This	Am	endinen	Z °S	ص (ر	4	o chan
Piesident	, (i	Remove	Acto	al	Pies'	ident
Ulice	G	Cypo te	And	A	dd	New
Piesi dent		Frank	Acan	DA.		
	<u> </u>					<del></del> .
f an amendment prov provisions for implen	enting the	amendment if no				-es.
(if not applicable,	indicate N	/A)				· · · · · · · · · · · · · · · · · · ·
				<u> </u>		
					· •••	
						<del></del>

The date of each amendment(s) adoption:	6	20	16.	, if other than the
date this document was signed.	6/20/10			
Effective date if applicable: (no n	nore than 90 days	after amena	lment file date)	
Note: If the date inserted in this block does not mee document's effective date on the Department of State's	t the applicable states records.	atutory filin	og requirements, th	is date will not be listed as the
Adoption of Amendment(s) (CHECK (	<u>ONE</u> )			
The amendment(s) was/were adopted by the shareholders was/were sufficient for approva	olders. The numberal.	er of votes c	ast for the amendm	ent(s)
☐ The amendment(s) was/were approved by the sharel must be separately provided for each voting group				tement
"The number of votes cast for the amendment	(s) was/were suffic	ient for app	roval	
by(voting gro		<u> </u>	·	
(voting gro	oup)			
The amendment(s) was/were adopted by the board of action was not required.	of directors without	shareholde	er action and sharel	nolder
The amendment(s) was/were adopted by the incorporaction was not required.	orators without sha	reholder act	tion and shareholde	r
Dated_ 6 20 11	6.			
Signature Afre	apo (e)			
(By a director, president or	other officer - if	directors or	officers have not b	cen
selected, by an incorporate appointed fiduciary by that		of a receive	er, trustee, or other	court
	Ulice	6	Capote.	
(Typed	or printed name of	person sign	ning)	
	Piesi den	1		
	(Title of perso	n signing)		



Page 4 of 4