P1400068300

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SECRETARY OF SITE FALLAHASSEE, FE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: DUX FORWARDI	ING CORPORATION	
DOCUMENT NUM	BER: P14000068300		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	RAPHAEL ROSSI		
		Name of Contact Person	-
		Firm/ Company	
	10205 NW 19 STREET, SUI	TE 100	
	DOPAL EL 33172	Address	
	DORAL, FL 33172	City/ State and Zip Code	e
	FINANCIAL.MIA@GO-DU	•	
		sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
RAPHAEL ROSSI		at (508-4479
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	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Division The Co 2415 to	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

FILED

Articles of Amendment Articles of Incorporation of

2022 JUN 23 AM 11: 01

SECRETARY OF SIVE

DITY	EODWA	PDING	$C \cap RP \cap R$	ATION

(Name of Corporation as c	currently filed with the Florida Dept. of State)
P14000068300	
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	ntes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpora	ation:
DUX LOGISTICS AMERICA CORP.	The new
name must be distinguishable and contain the word "corpora." Inc.," or Co.," or the designation "Corp," "Inc." or " "chartered," "professional association," or the abbreviation	ntion," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word in "P.A."
• •	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered of	fice address in Florida, enter the name of the
new registered agent and/or the new registered office	address:
Name of New Registered Agent N/A	
(F	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	ed Agent: familiar with and accept the obligations of the position.
Signature	of New Registered Agent, if changing
Check if annicable	

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Do	<u>c</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
l) Change			N/A	
Add				
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach	ing or adding additional Articles, enter change(s) here: iditional sheets, if necessary). (Be specific)
4	
	<u> </u>
	<u></u>
If an a	endment provides for an exchange, reclassification, or cancellation of issued shares, ons for implementing the amendment if not contained in the amendment itself:
provis (i.	not applicable, indicate N/A)
Ά.	,
_	
	-

•

	MAY 31, 2022	
The date of each amendment(s		the
date this document was signed.		
Effective date if applicable:	MAY 31, 2022	
Effective date in applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	nis block does not meet the applicable statutory filing requirements, this date will not be listed as e Department of State's records.	the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
• •	e approved by the shareholders through voting groups. The following statement I for each voting group entitled to vote separately on the amendment(s):	
"The number of votes o	cast for the amendment(s) was/were sufficient for approval	
by		
sele	(voling group) 7 a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) RAPHAEL ROSSI	
	(Typed or printed name of person signing)	