## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GONZALEZ & ASSOCIATES III PA

Account Number : I20190000077 Phone : (954)773-7286

Fax Number : (954)526-8825

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN ADVANCE LOGISTIC SOLUTION, INC.

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SEP - 3 2023

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Help

TO: Amendment Section

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: ADVANCE LOGISTIC SOLUTION INC P14000073279 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANTONIO GONZALEZ CPA Name of Contact Person GONZALEZ & ASSOCIATES III PA Firm/ Company 1820 N CORPORATE LAKE BLVD STE 107 Address WESTON, FL 33326 City/ State and Zip Code agonzalez@gacpafl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANTONIO GONZALEZ Name of Contact Person 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 Filling Fee & ☐\$43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Comorations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tailahassoc, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

H230003115083

## Articles of Amendment Articles of Incorporation

	I SOLUTION INC	
(Name of Corporation as current	tly filed with the Florida Dept. of State)	
P14000073279	in the second of the secon	
	of Corporation (if known)	
rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	,	amendment(
If amending name, enter the new name of the corporation:		
N/A		
me must be distinguishable and contain the word "corporation," nc.," or Co.," or the designation "Corp," "Inc," or "Co". havered," "professional association," or the abbreviation "P.4.	"company," or "incorporated" or the abbreviation A professional corporation name must contain "	
Enter new principal office address, if applicable:	N/A	<del></del>
rincipal office address <u>MUST BE A STREET ADDRESS</u> )		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
If amending the registered agent and/or registered office ado	dress in Florida, enter the name of the	202
new registered agent and/or the new registered office address		2023 SEF
Name of New Registered Agent N/A		- <del> </del>
iFlorida s	stroe! address)	PH
• • • •		
New Registered Office Address: N/A	. Florida	<u>ب</u>

Check if applicable  $\square$  The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (e), F.S.

H230003115083

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	PT	<u>John Doe</u>	
$\underline{X}$ Remove	<u>V</u>	Mike Jones	
X Add	<u>\$v</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change	p	JUAN M MARTIN	21072 VIA EDEN
Add			BOCA RATON, FL 33433
X Remove			
2) Change	P	ADRIANA J GOMEZ RIVAS	10800 SANTA FE DR
XAdd			COOPER CITY , FL 33026
Remove Change			
Add			<del></del>
Remove			
4) Change			
Add			ermoner proportion of the state of the
Remove			
5) Change			
Add			
Remove			
6) Change		Mark Inc.	<del></del>
Add			
Remove			

E. It amending or adding additional Arti- (Attach additional sheets, if necessary).	(Be specific)
N/A	
	* <u>,</u>
	11, single co. The state of the
	107,.,,
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	** ** ** ** ***
F. If an amandmant provides for an arch	ange washesittastia.
provisions for implementing the amor	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	is ment in pay continued in the amendation tolers.
N/A	
	- Helican and a state of the st
_	

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amondment file d	iate)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutery filing requiren partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sha	reholder action and shareholder
The amendment(s) was/were add by the shareholders was/were st	spled by the shareholders. The number of votes east for the flicient for approval.	amendment(s)
The amendment(s) was/were app must be sevarately provided for	stoved by the sharcholders through voting groups. The folio each voting group entitled to vote separately on the amenda	owing statement ment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	77	
	(voting group)	
Septembe Dated	My W W	
selecte	restor/ previous or other officer - if directors or officers hat, by an irreorporator - if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	or other court
	JUAN M MARTIN	
	(Typed or printed name of person signing)	•
	PRESIDENT	
	(Title of person signing)	