HU) MAR 19 2015 12;4 102 State partment of lon m of Comberations Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H15000069532 3))) H150000695323ABC+ Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations : (850)617-6380 Fax Number From: Account Name : CHARM CONSULTING Account Number : I2012000084 Phone (754)234-3393 : Fax Number : (954)302-1525 ger the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* RECEIVED cmatilde @totalcorpconsultants.com Email Address COR AMND/RESTATE/CORRECT OR O/D RESIGN **CARDAN LOGISTIC INC** ĥ Certificate of Status 0 Certified Copy Û 04 Page Count Estimated Charge \$35.00

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Help

FROM		5.7507588102 P 2
Articles (	of Amendment to	•
Articles of	of states of the	<b>€</b> 12 <sup>2</sup>
CARDAN LOGISTIC INC		
(Name of Corporation as currently filed with t	he Florida Dept. of State)	
P15000019931		
(Document Number of Corporation	on (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation: A. <u>If amending name, enter the new name of the corporation</u>		wing amendment(s) to
N/A-	-	The new
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbreviati B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	n/a	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	n/a	FILLIS HAR
(Mailing address <u>MAY BE A POST OFFICE BOX</u> ) D. <u>If amending the registered agent and/or registered office</u>	address in Florida, enter the name of the	SECRETARY OF STATES
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	address in Florida, enter the name of the	IS HAR 19 AM 9: 10
(Mailing address <u>MAY BE A POST OFFICE BOX</u> ) D. <u>If amending the registered agent and/or registered office</u> <u>new registered agent and/or the new registered office add</u> <u>Name of New Registered Agent</u> <u>N/A</u>	address in Florida, enter the name of the lress:	IS HAR 19 AN 9: 10
(Mailing address <u>MAY BE A POST OFFICE BOX</u> ) D. <u>If amending the registered agent and/or registered office</u> <u>new registered agent and/or the new registered office add</u> <u>Name of New Registered Agent</u> <u>n/a</u> (Florid	address in Florida, enter the name of the iress:	IS HAR 19 AN 9: 10
(Mailing address <u>MAY BE A POST OFFICE BOX</u> ) D. <u>If amending the registered agent and/or registered office</u> <u>new registered agent and/or the new registered office add</u> <u>Name of New Registered Agent</u> <u>n/a</u> (Florid <u>New Registered Office Address</u> :	address in Florida, enter the name of the lress:	9 AN 9: 10

Signature of New Registered Agent, if changing

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(THU) MAR 18 2015 12:44/ST. 12:43/No. 7507588102 P 3

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 Salty Smith, SV as an Add.

Example: X Change

X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	Y	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	D	ERLINDA N SILVA	7512 NW 107th PI
Add			DORAL, FL 33178-2197
Remove			
2) Change			
Add			
П Веточе			<u> </u>
3) Change		·	
Add			
Remove			
4) Change	<u> </u>		
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			<u></u>
LAdd			<del></del> <del></del>
Remove	•		

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E.	If amending or adding additional Arti	les, enter change(s) here:		
	(Attach additional sheets, if necessary).	(Be specific)		
<u> </u>	I/A			
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

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FROM	(THU) MAR 18 2015 12:44/ST. 12:43/No	.7507588102 P 5
•		
The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	03/19/2015	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
<b></b> 1	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated_03/	19/2015	
) 5	Description of the second seco	
	DANY MENENDEZ	
	(Typed or printed name of person signing)	

PRESIDENT

(Title of person signing)