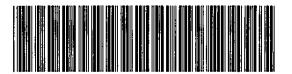
## P15000026039

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	VICTOR LOGIST	ICS INC	
DOCUMENT NUMBER: P	15000026039		
The enclosed Articles of Amer		bmitted for tiling.	
Please return all corresponden	ce concerning this ma	tter to the following:	
VICTO	R MANUEL MELEN	NDEZ	
		Name of Contact Person	n
VICTO	R LOGISTICS INC		
		Firm/ Company	· · ·
8024 N	HABANA AVE	Tittle Company	
		Address	
TAMPA	A, FL 33614-2817		
<del></del>		City/ State and Zip Cod	e
E-1 For further information concer VICTOR MANUEL MELEN	ning this matter, pleas		
Name of Conta		at (	)de & Daytime Telephone Number
Enclosed is a check for the following			•
	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 Ado Amendment Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	(	of		
VICTOR LOGISTICS INC			_	
( <u>Name or</u>	Corporation as curren	tly filed with the Florida Dept	. of State)	
P15000026039				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1 as Articles of Incorporation:	006, Florida Statutes, thi	is Florida Profit Corporation ad	lopts the following amend	ment(s) t
A. If amending name, enter the new na	me of the corporation:			
			The n	ien <sup>.</sup>
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designo- word "chartered." "professional associat	ation "Corp," "Inc," or	"Co". A professional corpora	orated" or the abbreviati ution name must contain	ion the
R - Enter new principal office address i	f annlicable:	8024 N HABANA AVE		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		TAMPA, FL 33614-2817	** **	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
			, , , , , , , , , , , , , , , , , , ,	e.rı
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8024 N HABANA AVE	201 14-5 10-6 10-6 10-6	001 -5
in the second se	TAMPA, FL 33614-2817		PH	
		- Application	22	် - မေ
			all the second of the second o	50
D. If amending the registered agent and new registered agent and/or the new			ne of the	
	VICTOR MANUEL MI	- <del></del>		
Name of New Registered Agent				
	8024 N HABANA AVE			
	(Florida street address)			
New Registered Office Address:	TAMPA		, Florida	_
		(City)	(Zip Code)	

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	FRANCISCO J SUAREZ	325 18TH AVE
			VERO BEACH,FL 32962
X Remove			
2) Change	P	VICTOR MANUEL MELENDEZ	8024 N HABANA AVE
X Add			TAMPA, FL 33614-2817
Remove			
3 ) Change		-	
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

endment provides for an exchange, reclassification, or cancellation of issued ons for implementing the amendment if not contained in the amendment itsel not applicable, indicate N/A)	
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not applicable, indicate N/A)	<u>II:</u>

•	10/01/2015	
The date of each amendment(s	) adoption:	, if other than the
date this document was signed.	0/01/0016	
Effective date if applicable:	0/01/2015	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were must be separately provided.	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	रा
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
·	015	
10/01/2 Dated	JIS	
Signature *	White My	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted tiduciary by that fiduciary)	<del></del>
	VICTOR MANUEL MELENDEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>