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Office Use Only



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JUL 13 2017 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CALOOSA LOGI	STICS INC.			
DOCUMENT NUMB					
The enclosed Articles	of Amendment and fee are su	abmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	OSMAY DELGADO				
	Name of Contact Person				
	Firm/ Company				
	120 ROWLAND RD				
	Address				
	LEHIGH ACRES, FL 33936				
		City/ State and Zip Cod	e		
OSM	AYDELGADO@YAHOO.C	ЭМ			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	a concerning this matter, pleas	se call:			
OSMAY DELGADO		786 at (768-3995		
Name of Contact Person		at (/86) /68-3995 Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ALOOSA LOGISTICS INC.					
(<u>Name</u> (of Corporation as curren	tly filed with the Florida Dept. of State)		
15000045721					
	(Document Number	of Corporation (if known)	····		
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the fo	ollowing	amendir	nent(s)
. If amending name, enter the new na	ame of the corporation:				
				The ne	
	uation "Corp," "Inc." or	ion," "company," or "incorporated" or "Co". A professional corporation name."P.A."	the abb	breviatio	n
Enter new principal office address, if applicable:		120 ROWLAND RD			
⁹ rincipal office address <u>MUST BE A S</u>		LEHIGH ACRES, FL 33936			
		-			
	Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5 ,	-1	
,		LEHIGH ACRES, FL 33936	- E	(
					
					. ;
. If amending the registered agent an new registered agent and/or the new		dress in Florida, enter the name of the	2 :-	:-	. ")
	osmay delgado	<u>w:</u>		ক ক	
Name of New Registered Agent			 -	<i>ॅ</i> ं।	
	120 ROWLAND RD	and the second			
	(Florida street address) LEHIGH ACRES 3		3936		
New Registered Office Address:	(City) , Florida		(Zip Co	nde)	
		•	. ,		
		_			
ew Registered Agent's Signature, if c					
hereby accept the appointment as regist	ered ageny. Tan falniliai	with and accept the obligations of the po.	sition.		
	Signature of New	Registered Agent, if changing			
	1 1				

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: <u>X</u> 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>	<u>Addres</u> s
1) Change	Р	JOHANNA C ALVAREZ	910 HOLLISTER AVE
Add			LEHIGH ACRES, FL 33974
X Remove			
2) Change	1'	OSMAY DELGADO	120 ROWLAND RD
X Add			LEHIGH ACRES, FL 33936
Remove			-
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary),	(Be specific)
	
 	
_ 	
	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate NIA)	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	AY 1, 2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	·
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were acby the shareholders was/were:	dopted by the shareholders. The number of votes cast for the amendn sufficient for approval.	nent(s)
	oproved by the shareholders through voting groups. The following stop each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
• • • • • • • • • • • • • • • • • • • •	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and share	holder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	er
JULY 5, Dated	2017	
Signature	John	
(By a selec	director, president or other officer – if directors or officers have not beed, by an incorporator – if in the hands of a receiver, trustee, or other need fiduciary by that fiduciary)	
	JOHANNA C ALVAREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	