

To: 850-617-6380
Division of Corporations

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P15000047243

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305) 541-3980
Fax Number : (305) 541-7033

OCT 9 2014

C. CARROTHERS

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

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
RUDDERLOG LOGISTICS AND TRANSPORTS CORP**

Certificate of Status	0
Certified Copy	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2015 OCT -8 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDAArticles of Amendment
to
Articles of Incorporation
of

RUDDERLOG LOGISTICS AND TRANSPORTS CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

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(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)3111 N UNIVERSITY DR STE 106
CORAL SPRINGS, FL 33065C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)3111 N UNIVERSITY DR STE 106
CORAL SPRINGS, FL 33065

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

ACCOUNTANT & MANAGEMENT INC

1549 NE 123RD ST

(Florida street address)

New Registered Office Address:

NORTH MIAMI

Florida 33161

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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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; VP = 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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

P

FARIAS LIMEIRA, AGUINALDO D

26 SE 2ND AVE #406

☐ Add

MIAMI, FL 33131

☒ Remove

2) ☐ Change

VP

PAULA LIMEIRA, MATHEUS D

26 SE 2ND AVE #406

☐ Add

MIAMI, FL 33131

☒ Remove

3) ☐ Change

P

FARIAS LIMEIRA, AGUINALDO D

3111 N UNIVERSITY DR STE 105

☒ Add

CORAL SPRINGS, FL 33065

☐ Remove

4) ☐ Change

VP

PAULA LIMEIRA, MATHEUS D

3111 N UNIVERSITY DR STE 105

☒ Add

CORAL SPRINGS, FL 33065

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

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8. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, redemption, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(If not applicable, indicate N/A)

[The following section contains several horizontal lines representing redacted or illegible information.]

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated SEPTEMBER 18, 2015

Signature _____

(By a director, president or chief officer. If directors or officers have not been selected, by an incorporator, or in the hands of a receiver, trustee, or other court appointed fiduciary of this fiduciary.)

AGUINALDO D. FARIAS LIMEIRA,

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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