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## **COVER LETTER**

Division of Corporations		
NAME OF CORPORATION: FCAST LOGISTICS INC DOCUMENT NUMBER: P15000067148		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
GUSTANO LAGUETUEIA  Name of Contact Person  FUST 10915TICS INC  Firm/ Company  14980 SW 183 TEV  Address  Mari - 1 33187  City/ State and Zip Code  GUSTANO LAGUETUEIA QUANTO COM  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
CONSTONO LOGUETUELO at (305) 785-3366  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:	:n	
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)	3: 03	CONTRACT.

## Mailing Address

TO: Amendment Section

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

(Name of Corporation as currently filed with the Florida De	ot. of State)
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> its Articles of Incorporation:	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation "Chartered," "professional association," or the abbreviation "P.A."	orated" or the abbreviation ration name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS )	
	<del></del> .
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	<u>.                                    </u>
	<del></del>
D. If amending the registered agent and/or registered office address in Florida, enter the na new registered agent and/or the new registered office address:	me of the
Name of New Registered Agent	$\sqrt{s} = i \gamma \hat{\mu}$
Name of New Registered Agent	<del></del>
(Florida street address)	<del></del> 👶 🚉
New Registered Office Address:	
City	_, Florida
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent—I am familiar with and accept the obligation	ns of the position.
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	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	$\checkmark$	WINSTOM LOPEZ	14980 SIU 183 RD TER
X Add			Miamy 11 33187
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			<del></del>
Remove			

If amending or adding additional Art Attach additional sheets, if necessary),	(Be specific)	<del>_</del>			
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification endment if not cont	ion, or cancellati ained in the ame	on of issued share ndment itself:	es.	
	<u></u>	<del></del>	<del></del>		
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The date of each amendment(s) adoption:	, if other than th
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
(Voling 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.	
Signature  (By a director, president or other officer—If directors or officers have not been	Pa
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	<u>.C\</u>
(Title of person signing)	
(Title of person signing)	