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COVER LETTER

Division of Corpora	ations		
NAME OF CORPORA		LLA CARGO	INC.
DOCUMENT NUMBE	R: 71500	0082057	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this mat	tter to the following:	
_	MARIC	KA LAZAR Name of Contact Person	EVIC
	STELLA		
_	_	Firm/ Company	_
_	931 VIL	LAGE BLYD #	905-501
_	WEST PALM	BEACH FL	
		City/ State and Zip Code	
	infoss	Lellacarao. C	.0M
	E-mail address: (to be used for future annual	report notification)
For further information of	concerning this matter, pleas	e call:	
MARICK	A LAZAREUIC	_ _{at (} 561	337-0894 de & Daytime Telephone Number
Name of	Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment of State:
\$35 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)
Mailir	ıg Address	Street .	Addre <u>ss</u>

TO: Amendment Section

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

of

SIELA CARGO	INC.		
(Name of Corporation as currently filed with the F	lorida Dept. of State)		•
P15000081057			
(Document Number of Corporation (i	f known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Incorporation:	corporation adopts the following	ng amendment(s)	to its Articles of
A. If amending name, enter the new name of the corporation:			
STELLA CARGO	INC.	,	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation	ited" or the abl on name must co	previation ontain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		15 OCT 19 AM
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		of the	
Name of New Registered Agent	NIA		
(Florida st	reet address)		
New Registered Office Address:	NIA , Florida	N/A	
(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v		f the position.	
1	4/1		
Signature of New Registered A	· / \		

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 John</u>	Doe	
X Remove	<u>V</u> <u>Mîke</u>	e Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	N/A	NIA	N/A
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
_ Remove			

•	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
	MA
	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
	N/R
	,

energy of

The date of each amendment(s) adopt date this document was signed.	ion:		, if other than the
Effective date if applicable:	NIX		
	(no more than 90 days aft	ier amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders was/were suffici		of votes cast for the amendment(s)	
☐ The amendment(s) was/were approve must be separately provided for each			
"The number of votes cast for t	he amendment(s) was/were sufficient	nt for approval	
by	(voting group)	<u></u> ."	
The amendment(s) was/were adopted action was not required. The amendment(s) was/were adopted			
action was not required.			
Dated)-14-2015		
Signature	1-14-2015 M Lazarenic		
(By a direct selected, by	or, president or other officer – if dir an incorporator – if in the hands of iduciary by that fiduciary)		
	MARICKA LA	+ZAREVIC	
	(Typed or printed name of p	person signing)	
	OWNER		
	(Title of person signing)		