## P150000 85436

(Re	equestor's Name)	
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SCORCTARY OF STATE
DIVISION OF CORPORATIONS

AUG 1 7 2016

C LEWIS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR		& LOGISTIC SERVICE	S INC.
DOCUMENT NUMI	P15000085436		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	PRISCILLA BROWN		
		Name of Contact Person	
	7851 NW 6TH STREET, API	Firm/ Company	
	PEMBROKE PINES FL 3302	Address 24	······································
·. ·		City/ State and Zip Code	•
prisci	llasbrown78@gmail.com		
	E-mail address: (to be use	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
PRISCILLA BROWN		9547094791 at ()	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fec & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame	iling Address endment Section ision of Corporations	Amend	Address ment Section n of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2016 AUG -8 PM 2: 35

( <u>Name o</u>	f Corporation as curren	tly filed with the Florida Dept. of State)
P15000085436		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:	
N/A		The new
	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
3. Enter new principal office address, if applicable:		N/A
(Principal office address <u>MUST BE A S</u>		N/A
		N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
		N/A
		N/A
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent	N/A	
	N/A	
	(Florida s	street address)
N D : 100 AII	N/A	Planida
New Registered Office Address:		, Florida
New Registered Agent's Signature, if c I hereby accept the appointment as regist		<b>nt:</b> r with and accept the obligations 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 X Remove X Add	<u>V</u> !	ohn Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	SD	TAMARIA BROWN	SUMMERSET ESTATES
Add			P.O.BOX EE15978
X Remove			NASSAU BAHAMAS
2) Change		-	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

<b>A</b>		necessary). (E					
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f an amen	dment provides	s for an exchan	ge, reclassificat	tion, or cancellat	tion of issued sha	res.	
provisions	s for implement	ing the amendr	nent if not con	tained in the ame	endment itself:		
	t applicable, indi	icate N/A)					
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- <del>-</del>							
(if not							

	JULI 151H 2016	FIL	$\mathcal{L}(F)$
The date of each amendment(s)	adoption:	DEUKK JARA	ther than the
date this document was signed.		JIVISIUN OF CO	
Effective date if applicable:		2016 AUG -8	PM 2: 35
	(no more than 90 days after amendment file date)		
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements. Department of State's records.	, this date will not be	listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amer sufficient for approval.	ndment(s)	
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment		
	ast for the amendment(s) was/were sufficient for approval		
by			
• — <u>— — — — — — — — — — — — — — — — — —</u>	(voting group)		
action was not required.	adopted by the board of directors without shareholder action and shareholder action action and shareholder action		
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareho	older	
JULY 1	5TH <b>2</b> 016		
Dated	~		
Signature	a director, president or other officer – if directors or officers have n	ot been	
sele	cted, by an incorporator — if in the hands of a receiver, trustee, or ot pinted fiduciary by that fiduciary)		
	PRISCILLA BROWN		
	(Typed or printed name of person signing)		
	PRESIDENT	•	
	(Title of person signing)		<del></del>