7500094655

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Sne approved Special Instructions to Filing Officer: Sne approved For Super Super Land to Kemone Super Land to Kemone From Durument. Add 384 of le from Durument.

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S. TALLENT MAY 1 0 2017

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Division of corporati	Olis					
	H&M LOGISTICS	S TRANSPORTATION IN	IC			
NAME OF CORPORAT	TON:P 15000094655					
P 15000094655 DOCUMENT NUMBER:						
The enclosed Articles of A	mendment and fee are su	abmitted for filing.				
Please return all correspon	dence concerning this ma	atter to the following:				
		MAIKEL URRA				
		Name of Contact Perso	n	•		
		Firm/ Company		-		
		2105 NE 40 AVENUE		_		
	НОМ	Address MESTEAD FLORIDA	33033			
		City/ State and Zip Cod	e	-		
		YMAIKEL@ATT.NET (to be used for future annua	al report notification)	V		
	2	((C) (C) (C) (C) (C) (C) (C) (C) (C) (C)				
For further information con	ncerning this matter, pleas	se call:				
MAIKEL URRA		305 at (8120719			
Name of Co	ontact Person		de & Daytime Telephone Number	r		
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment 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)			
Amendm	Address tent Section of Corporations 6327	Ameno Divisio	Address iment Section on of Corporations Building			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of H&M LOGISTICS TRANSPORTATION INC

(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
P 15000094655		
(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this c Incorporation:	corporation adopts the following ame	ndment(s) to its Articles of
A. If amending name, enter the new name of the corporation:		
H&M SERVICES AND INVESTMENT GROUP	, Inc.	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" o o". A professional corporation nan	or the abbreviation
B. Enter new principal office address, if applicable:	TWO	三 鈴 耳
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
		—
		- F
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the	•
new registered agent and/or the new registered office address:		
N/A Name of New Registered Agent		
Trane of New Negatierea rigent		
(Florida stre	not address)	
(1 What sire	et auaress)	
New Registered Office Address:	, Florida	- C - (-)
(City)	(Zij	o Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the p	osition.
Signature of New Registered As	ent 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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				-
2) Change		<u> </u>		
Add				
Remove				
3) Change		_		· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
-				
6) Change		_		
Add				
Remove				

	If amending or adding additional Article (Attach additional sheets, if necessary).	ss, enter change(s) nere; (Be specific)
_		
_		
_		
-		
	If an amendment provides for an exchang	e, reclassification, or cancellation of issued shares,
	(if not applicable, indicate N/A)	ent if not contained in the amendment itself:
_		
_		

04/17/2017

The date of each amendment(s) adopt date this document was signed. 04/17/2	tion:	, if other than the
	2017	
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 was/were suffice	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
	ed by the shareholders through voting groups. The following statement the 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)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	I by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
04/17/2017	2	
Dated		
Signature	a Carley	
(By a direc	tor, president or other officer - if directors or officers have not been	
	y an incorporator — if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
	MAIKEL URRA	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	