# P16000030860

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#### COVER LETTER

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TO: Amendment Section Division of Corpor				1 JH 30 M 9: 28
NAME OF CORPOR	ATION: RNK LOGISTICS	CORP		
DOCUMENT NUMBI	30			
	f Amendment and fee are su			5
Please return all corresp	ondence concerning this mat	tter to the following:		3. 20
į	AIXA CORTEZ			
_		Name of Contact Person	n	
_		Firm/ Company		
3	210 NW 83 CT		<u></u> -	
		Address		
	OORAL, FL. 33166			
		City/ State and Zip Cod	e	
JOSEK	HAZAM@GMAHCOM			
<del></del> -	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	e call:		
AIXA CORTEZ		305	de & Daytime Telephone Number	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		
Mailing Address 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 Articles of Incorporation of

#### RNK LOGISTICS CORP

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

P16000030860

(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, this Articles of Incorporation:	ais Florida Profit Corporation adopts the following amend
A. If amending name, enter the new name of the corporation:	
N/A	The 1
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." o cord "chartered," "professional association," or the abbreviatio	tion," "company," or "incorporated" or the abbrevial c"Co". A peofessional corporation name must contain
3. Enter new principal office address, if applicable:	5210 NW 83 CT
Principal office address <u>MUST BE A STREET ADDRESS</u> )	DORAL, FL. 33166
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5210 NW 83 CT
	DORAL, FL. 33166
If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent N/A	
N/A	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age Thereby accept the appointment as registered agent. I am familia	
Signature of Ne	v 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	<u>V</u> .	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u> Title</u>	<u>Name</u>	Address
1) Change	N/A	N/A	N/A
Add			
Remove			
2) Change			
Add			<del></del>
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			·
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	
N/A	
1977	
<del></del>	
<del></del>	
F. If an amendment provides for an exch	lange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.  N/A	
Effective date if applicable:  (no more than 90 days after amendment file date)	<del></del>
<b>Note:</b> 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 the
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"  (voting group)	
(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.	
06/26/2017 Dated	
Signature Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
AIXA CORTEZ	
(Typed or printed name of person signing)	·
PRESIDENT	
(Title of person signing)	<del></del>