Florida Department of State

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COR AMND/RESTATE/CORRECT OR O/D RESIGN A J J LOGISTICS INC

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C. GOLDEN DEC 2 0 2019

Electronic Filing Menu

Corporate Filing Menu

Help

TO: Amendment Section

COVER LETTER

Division of Corpo	orutions		
NAME OF CORPOR	ATION: A J J LOGISTICS	INC	
DOCUMENT NUMB			
I no enclosed Afficies	of Amendment and fee are su	ibmilted for filing.	
Please return all corres	pondence concerning this me	tter to the following:	
	IRIS RIVERA HERNANDE	z	
		Name of Contact Person	n
	A J J LOGISTICS INC		
		Firm/ Company	
	4650 CALUMET DR		
•		Address	· · · · · · · · · · · · · · · · · · ·
	ST CLOUD FL 34772		
•		City/ State and Zip Cod	c
BREN	DA.MAS@AOL.COM		
 _	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
BRENDA I MAS		at (⁴⁰⁷	3012659 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dept	artment of State:
■ \$35 Filling Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Foo & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mall</u>	Ing Address		Address
Amendment Section Division of Corporations			Iment Section on Officerations
	Box 6327		entre of Tallahassee
Talla	hassee, FL 32314	2415 1	N. Monroe Street, Suite 810
		Tallahe	issee, FL 32303

Articles of Amendment to Articles of Incorporation

2019 DEC 19 PH 3: 38

A J J LOGISTICS INC	
(Name of Corporation P16000032206	ns currently filed with the Florida Dept. of State)
	nt Number of Corporation (if known)
	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corr	poration;
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abhrevia	The new poration, ""company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word ation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	(ESS)
C. Enter new malling address, if applicable; (Malling address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, enter the name of the fice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	tered Agent; am familiar with and accept the obligations of the position.
Signatu	ire 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	PT	John Doc		
X Remove	¥	Mike Jones		
X Add	<u>sy</u>	Sally Smith		
Type of Action (Check One)	Title	<u> Мите</u>	Address	
l) X Change	VP	FELIX PEROCIER	4650 CALUMET DR	
Add			ST CLOUD FL 34772	
Remove Change	Р	IRIS RIVERA HERNANDEZ	4650 CALUMET DR	
2) Change Add			ST CLOUD FL 34772	
Remove Change				
Add				
Remove Change				
Add				
Remove				
5) Change Add				
Remove				
n Change		_		
Add				
Remove				
		Page 2 of 4		

Ε.	If amending or adding additional Arti	cles, enter change(s) here:
	(Attach additional sheets, if necessary).	(Be specific)

	
	
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
	_
	 -
	 .
Page 3 of 4	
12/19/2019	
The date of each amendment(s) adoption: 12/19/2019, if other this document was signed.	er than th
Proposition and the second sec	
ffective date <u>if applicable</u> : (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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the chareholders. The number of votes cust for the amendment(s) sufficient for approval.
The amendment(s) was/were a must be separately provided f	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	est for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amondment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated	<u> </u>
Signatur	
(By a	director, president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
`	IRIS RIVERA HERNANDEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)