## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000259102 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

10:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : 120040000007

Phone Fax Number : (305)640-0281 : (305)640-0282

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email addgess please. \*\*

COR AMND/RESTATE/CORRECT OR O/D RESIGN C & C LOGISTIC INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help OCT 20 2016 MCNAIR

https://cfile.sunbiz.org/scripts/cfilcovr.cxe

10/19/2016

## **COVER LETTER**

TO: Amendment Section Division of Corporations

	C & C LOGISTIC	INC	
NAME OF CORPOR	CITION:		
DOCUMENT NUMBI	ER: P16000039827		
The enclosed Articles of	: f Amendment and fee are su	bmitted for filing.	·
Please return all corresp	ondence concerning this ma	tter to the following:	
		YENISLEIDI MÖLLINE	DO
		Name of Contact Person	n.
		C & C LOGISTIC INC	
-		Firm/ Company	
		17632 MEADOWBRIDO	ge dr
<b> </b>		Address	
.		LUTZ, FL 33549	
		City/ State and Zip Cod	e .
	·	laxmyc2001@yahoo.cor	<b>m</b> ,
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
LAXMY CHACON	•	at (305	640-0281
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depo	urtment of State:
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fce & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	og Address dment Section		Address ment Section

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

Division of Corporations Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

		9,0
	Articles:of Amendment	
	to	a g
l c	Articles of Incorporation  of	
CLC	Logistic Tuc	lorida Dept. of State)
(Name	of Corporation as currently filed with the F	lorida Dept. of State)
<b>4</b>	?16000039 <i>8</i> 27	ېې
	(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this Florida Profit Co.	rporation adopts the following amendment(s) to
A. If amending name, enter the new p	ame of the corporation:	
		The new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nain the word "corporation," "company," nation "Corp," "Inc," or "Co". A profession nation," or the abbreviation "P.A."	on "incorporated" or the abbreviation inal corporation name must contain the
		•
B. <u>Enter new principal office address.</u> (Principal office address <u>MUST BE A.S</u>		
·	<del></del>	
		<u> </u>
C. Enter new mailing address, if appl	icable:	•
(Mailing address MAY BE A POST		:
'		•
	···	•
D. If amounting the project and property	nd/or registered office:address in Florida, en	: iter the name of the
now registered agent and/or the ne	w registered office address:	the mappe of the
	TULIO C GARCIA	
Name of New Registered Agent		<u> </u>
·   · · · ·	17632 MEADOWBRIDGE DR	:
	(Floridu street address)	•
New Registered Office Address:	LUTZ	Florida 33549
New Register to Office Address:	(Cly)	(Zip Codn)
		:
New Registered Agent's Signature, if	hanging Registered Agent:	
I hereby accept the appointment as regis	tered agent. I am familiar with and accept th	obligations of the position.
		:
	4	•
	/ Jaroa	***************************************
/ معنی	Ciounties of New Partietonal Agent is	l chamaina

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:

I'm President; V—Vice President; T= Treasurer; S= Secretary; D= Director; TR: Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CRO | 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	1 Doc	•
X Remove	V Mik	e Jones	· ·
_X Add	SV Sall	y Smith	i
Type of Action (Check One)	Title	Name	Address
1) Change	P	YENISLEIDI MOLLINEDO	17632 MEADOWBRIDGE DR
Add		•	LUTZ, FL 33549
X Remove			
2) Change	P	JULIO C GARCIA	17632 MEADOWBRIDGE DR
X Add	,		LUTZ, FL 33549
Remove	-		
3) Change			
Add	;		
Remove	:		
4) Change		4	: <u> </u>
Add		•	
Remove	!		
5)Change	:		;
Add	:		
Remove	,		
6)Change	<u>.</u>		!
Add			
Remove	;		

ach <i>additional she</i> e	e additional Articles, enter cha ets. if necessary). (Be specific)		
		· · · · · · · · · · · · · · · · · · ·	
	:		
	:		
	:		
···			
	;		
	<u> </u>	1	
····	<u> </u>		
		· · · · · · · · · · · · · · · · · · ·	
	·	<del></del>	
		· · · · · · · · · · · · · · · · · · ·	
		: 	
	,		
	;		
n amendment pro ovisions for imple	<u>vides for an exchange, reclassif</u> menting the amendment if not	leation, or cancellation of issued sha contained in the amendment itself:	res,
(if not applicable	, indicate N/A)		
	:		<del> </del>
		1	
	·		····
	!		

Thu dute of each pro-	10/19/2016 ndment(s) adoption:	, if other than the
		, it outer trian the
date this document wa		
Effective date <u>if appl</u>		N. day
•	(no more than 90 days after amendment ,	file date)
	arted in this block does not meet the applicable statutory filing required on the Department of State's records.	uirements, this date will not be listed as the
Adoption of Amenda	ent(s) (CHECK ONE)	
	was/were adopted by the shareholders. The number of votes cast for swas/were sufficient for approval.	r the amendment(s)
	was/were approved by the shareholders through voting groups. The provided for each voting group entitled to vote separately on the an	
"The number	of votes cast for the amendment(s) was/were sufficient for approval	
by		<b>)</b> 1
	(voting group)	
The amendment(s) action was not requ	was/were adopted by the board of directors without shareholder actions.	on and shareholder
The amendment(s) action was not requ	was/were adopted by the incorporators without shareholder action an ired.	nd shareholder
Date	10/19/2016	
Sign	ature Data State Control of the Cont	
	(By a director, president or other officer – if directors or office	
	selected/by an incorporator — if in the hands of a receiver, trus	sice, or other coun
	appointed fiduciary by that fiduciary)	ina Do
	(Typed or printed name of person signing)	- ND - U
	- President	
	(Title of person signing)	