P16000073447

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TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: LOGISTIC AND	TRANSPORT SC	LUTION	S INC
DOCUMENT NUMBI	ER: P16000073447			
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following	ng:	
	CARLOS O H	IIGUERA BAUT	ISTA	
		Name of Cont	act Persor	1
	LOGISTIC A	ND TRANSPORT	r solut	IONS INC
_		Firm/ Cor	npany	
	ė	9022 SW 97 AVE	APT 6	
		Addre	ess	
		MIAMI, FL 3	3176	
_		City/ State and	l Zip Code	2
	CARLO	SOMARHIGUE	RA@HO	TMAIL.COM
	E-mail address: (to be us	sed for future annu	ual report	notification)
For further information	concerning this matter, pleas	se call:		
CARLOS O HIGU	JERA BAUTISTA	at (305	780 - 4979
Name of	Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Flo	rida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional c enclosed)	ру	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Maili</u>			Address	
Amer Divis	Amendment Section Division of Corporations			
P.O. 1	ion of Corporations Box 6327		Clifton	Building
Tallal	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

LOGISTIC AND TRANSPORT SOLUTIONS INC

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

P16000073447

(Doc	ument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this Florida Profit Corporation	adopts the following amendment
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or th	orp," "Inc," or "Co". A professional corp	orporated" or the abbreviation
B. Enter new principal office address, if applicat	blar	
(Principal office address MUST BE A STREET AL		
		<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E) D. If amending the registered agent and/or registered agent and/or the new registered Name of New Registered Agent	tered office address in Florida, enter the p	
	(Florida street address)	
	(Finitia Mieer address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		ions of the position.

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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	V		YESID F HIGUERA	4612 CONCORDIA LANE
XAdd				BOYNTON BEACH, FL 33436
Remove				
2) Change				
Add				-
Remove				
3)Change				
Add				
Remove				
4)Change		_		
Add				
Remove				
5) Change		···		
Add				
Remove				
0 01				
6) Change		_		18 1 18 19 19 19 19 19 19 19 19 19 19 19 19 19
Add				
Remove				

(Atta	nending or adding additional Articles, enter change(s) here: the additional sheets, if necessary). (Be specific)
If an	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	visions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:	• SEPTEMBER 06, 2016	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, to Department of State's records.	his 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	dopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
	pproved by the shareholders through voting groups. The following so or each voting group entitled to vote separately on the amendment(s)	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	dopted by the board of directors without shareholder action and share	eholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and sharehold	ler
DatedSignature	EPTEMBER 13, 2016	
(By a selec	edirector, president or other officer – if directors or officers have not ted, by an incorporator – if in the hands of a receiver, trustee, or othe inted fiduciary by that fiduciary)	
	CARLOS O HIGUERA BAUTISTA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	