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Division of Corporations .

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Help

TO: Amendment Section

## COVER LETTER

Division of Corporations NAME OF CORPORATION DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ivan Leal Name of Contact Person BB&D LOGISTICS INC Firm/.Company 1516 LEE AVENUE Address LEE HIGH, FL 33972 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ivan Leal Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & S35 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations . Division of Corporations The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tullahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of	Corporation as currently	filed with the Florid:	Dept. of State)		
216000090243	•				•
	(Document Number of	Corporation (if known	)		
ursuant to the provisions of section 607.1	OOK Florido Statutos this E	Torida Prafit Carnosa	tion adonts the fo	ilowing amer	ndment(s)
s Articles of Incorporation:	000, Fiorida Statutes, tins F	iorua i roju corpina			
. If amending name, enter the new nu	ne of the corporation:	,		• • • • • •	
N/A	· · · · · · · · · · · · · · · · · · ·			The	new
ame must be distinguishable and contain t Inc.," or Co.," or the designation "C. Chartered," "professional association,"	orp," "Inc." or "Co". A	ompany," or "incorpoi professional corpora	ated" or the abb tion name must	reviation "Co contain the	rp.," . word
3. Enter new principal office address, i	f applicable:	N/A			<del></del> , .
Principal office address MUST BE A ST	REET ADDRESS )	,			
			<del> </del>		<del></del> .
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C. Enter new mailing address, if applie (Mailing address MAY BE A POST C	cable:	N/A	. •		· .
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			<del></del>		
D. If amending the registered agent an	d/or registered office add;	ess in Florida, enter	he name of the		
new registered agent and/or the new	registered office address	· .	• .		
. Name of New Registered Agent	IVAN LEAL FERNANDE				
nume of New Regions	1516 LEE AVENUE				÷
	(Florida str	eet address)			
	LEE HIGH		Florida	33972	•
		(C)(n)	, v	(Zip Code)	<del></del>
New Registered Office Address:	•	(Ciry)			
New Registered Office Address:		(City) :	•	•	
New Registered Office Address:		(CIŅ)			
New Registered Office Address:  New Registered Agent's Signature, if c I hereby accept the appointment as regist	hunging Registered Agent		igations of the p	osition.	
You Designated Agentic Signature if c	hunging Registered Agent		igations of the p	osition.	
You Designated Agentic Signature if c	hunging Registered Agent		ligations of the p	osition.	
You Designated Agentic Signature if c	hanging Registered Agent ered agent. I am familiar v			osition.	

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 Doe	
$\underline{X}$ Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u> .	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	. P	Roberto Valdes	1516 LEE AVENUE
Add			LEE HIGH, FL 33972
X Remove			
2) Change	Ρ.	Ivan Leal Fernandez	1516 LEE AVENUE
X Add			LEE HIGH, FL 33972
Remove 3) Change	•		
Add	٠.		
Remove	-		·
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change	·		
Add	•		
Remove			
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(Attach additional	sheets, if nece	essarv). (Be	enter change( specific)	· ·	,		•	,
VA			•				-	
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(if not appli	icuble, indicat	e N/A) .						
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Ta:	D

	09/24/2020	• •			· · · · · · · · · · · · · · · · · · ·
he date of each amendment(s) ad	loption:		<del></del>	· · · · · · · · · · · · · · · · · · ·	_, if other than
te this document was signed.	• .				
	4/2020			÷	•
fective date <u>if applicable</u> :				· · · · · · · · · · · · · · · · · · ·	
	(no more than 90	days after amendm	ieni file dale)	`.	
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ote: If the date inserted in this bl	lock does not meet the applica	ble statutory filing	requirements,	this date will	not be listed a
cument's effective date on the De	partiment of State's records.		•	• •	,
		•	•		•
loption of Amendment(s)	(CHECK ONE)	•		·	•
			. •		
The amendment(s) was/were ado	pted by the incorporators, or bo	oard of directors wi	thout sharehold	er action and	shareholder
action was not required.		••	•		
action was not required.	·				
The amendment(s) was/were ado	nted by the shareholders. The	number of votes ca	st for the amen	iment(s)	
by the shareholders was/were su	Water for approval	,		,	
by the snareholders was/were su	fricient for approval.			•	
·			The following	rtalamaka :	•
The amendment(s) was/were app	roved by the shareholders throu	ngh voting groups.	The Jouowing	statement	
must be separately provided for	each voting group entitled to vi	ote separately on t	he amendment(s	):	
•				**	
- "The number of votes cast	for the amendment(s) was/were	e sufficient for app	rovai		
	•				
by			·"		
	(voting group)				
•				•	
•					
09/24/2020	)	•		•	
. Dated	<del></del>		•		
		•		7.	•
Cinnetten	i /X				•
Signature	irector, president or other office	er - if directors or	officers have no	t been	<del></del>
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selecte	d, by an incorporator - it in the	Hallas Of a receive			
. appoin	ted fiduciary by that fiduciary)			• •	
	Roberto Valdes				
	Ruberto Vardes				
	. (Typed or printed n	ame of person sign	ning)	<del> </del>	
	(Typed of printed i	mme or heracii 118			
•	p .				
		·			<del></del>
•	(Title of person sig	nine)			