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SECRETIANS OF STATE
INCLUDED A

COVER LETTER

TO: Amendment Section Division of Corporations TERRA GLOBAL LOGISTICS CORP. NAME OF CORPORATION: P17000021717 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/Company 11767 S. DIXIE HIGKWAY, CAIT 451

Address

City/ State and Zip Code TOSEPH @ TERRA 6 LOBAL LOGIST KS. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$52,50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy 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

is enclosed)

Articles of Amendment

to

Articles of Incorporation

of

	0BAL 20613T	
· · · · · · · · · · · · · · · · · · ·	on as currently filed with the F	lorida Dept. of State)
F170000 2	nent Number of Corporation (if k	nown)
• •		•
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this <i>Florida Profit Co</i>	rporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
N/A		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	"," "Inc," or "Co". A profession	or "incorporated" or the abbreviation onal corporation name must contain the
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADL</u>	DRESS)	•
		ET 2 5
	<u></u>	\$25.00 mm
C. Enter new mailing address, if applicable:	Na	第 五
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	- 5.1. 2 T
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		₩
5 TO 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Em 2
D. If amending the registered agent and/or register new registered agent and/or the new registered		nter the name of the
.,	·	
Name of New Registered Agent NA	·	
	/Fl. (day, and 1t.)	
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:	
I hereby accept the appointment as registered agent.		e obligations of the position.
۵/۵		
Sign	nature 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	<u>PT</u>	John D	<u>oe</u>					
X Remove	<u>y</u>	Mike J	<u>ones</u>					
_X Add	<u>sv</u>	Sally S	<u>mith</u>					
Type of Action (Check One)	<u>Title</u>	_	Name	5	•		<u>ddres</u> s	
1) Change	Ví	<i>2</i> -	17	TRICIA	4 GUZM		11767 S.D.	
Add Remove					.	-	PINECREST, F	<u></u> 3315(
2) Change	Ví	2	LORE	NZO T	AVIER L		. 11767 5. Di	
Add Remove					•	_	PINECREST, FO	<u>!</u> 37/50
3) Change		_				_		
Add Remove								
4) Change						_		<u></u>
Add Remove								
5) Change								
Add								
6) Change						_		
Add								
Remove								

NA	sheets, if necessary)	. (Be specific)			
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NJM	<u>., </u>				
					
					
					
					
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If an amendmen	t provides for an ex	change, reclassifi	cation, or cancel	lation of issued sh	ares,
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The date of each amendment(s)	adoption: MAREH	1,2018	, if other th
date this document was signed.	Magall	2018	
Effective date <u>if applicable</u> :	(no more that	n 90 days after amend	lment file date)
Note: If the date inserted in this document's effective date on the D			ng requirements, this date will not be listed
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were as by the shareholders was/were		The number of votes o	east for the amendment(s)
☐ The amendment(s) was/were a must be separately provided for			
"The number of votes ca	st for the amendment(s) was/v	were sufficient for app	proval
by	(voting group)		.,,
	(voting group)		
☐ The amendment(s) was/were a action was not required.	dopted by the board of directo	ors without sharehold	er action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators w	vithout shareholder ac	ction and shareholder
Dated	3/17/2012		
Signature	Od Caro	AC.	
(Ву а	director, president or other o	officer – if directors of	
	ted, by an incorporator - if in		ver, trustee, or other court
appo	ointed fiduciary by that fiducia	ary)	
		PH DE C	CASO TR.
	(Typed or print	ed name of person sig	gning)
,			
	Thesi	lのピルて tle of person signing)	
	(11)	ne or herson signing)	