P17000038977

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FOUR GROUP LC	OGISTICS CORP	
DOCUMENT NUM	P17000028977		
The enclosed Articles	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JOSE MONJE BUTRON		
		Name of Contact Person	1
	FOUR GROUP LOGISTICS	CORP	
		Firm/ Company	
	9565 NW 13 ST		
		Address	
	DORAL FL 33172		
		City/ State and Zip Cod	e
mon	je.jose@gmail.com		
		sed for future annual report	notification)
For further information	on concerning this matter, plea.	se call:at (786	241-3380
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tailahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FOUR GROUP LOGISTICS CORP

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P17000028977		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the fo	llowing amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must he distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name	the abbreviation must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILE BECKELARY C
D. If amending the registered agent and/or registered office addressinew registered agent and/or the new registered office address:	ess in Florida, enter the name of the	PN 4: 18
Name of New Registered Agent		
(Florida stre	et address)	
New Registered Office Address:(, Florida City)	(Zip Code)
	•	•
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the pos	cition,
	. , , , , , ,	
Simulation of New Pe	paistered 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 Doe	
X Remove	<u>Y</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JUAN C CORDERO	9565 NW 13 ST
Add	<u>-</u>		DORAL FL 33172
X Remove			
2) Change	VP	CARLOS A TARAZONA	9565 NW 13 ST
X Add			DORAL FL 33172
Remove			
3) Change			-
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if n	itional Articles, enter necessary). (Be speci	fic)		
· 		<u> </u>		
		-		
				
		 		
		······································		
r	r		vallation of invend of	
<u>f an amendment provides</u> provisions for implementi	no the amendment if	assincation, or cauc not contained in the	amendment itself:	iares,
(if not applicable, indic	cate N/A)			
			, , , , , , , , , , , , , , , , , , ,	
			, , , , , , , , , , , , , , , , , , ,	

08/24/2017	•
The date of each amendment(s) adoption:	if other than th
date this document was signed.	
08/25/2017 Effective date if applicable:	
(no more than 90 days after am	vendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	tiling requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of vot by the shareholders was/were sufficient for approval.	es east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gro must be separately provided for each voting group entitled to vote separately	oups. The following statement on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for	approval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareh action was not required.	older action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholde action was not required.	r action and shareholder
Dated 08/24/17	
Signature	
(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a rec	
appointed fiduciary by that fiduciary)	tered, trustee, or other court
Tog Mouje But	√ 0√ .
(Typed or printed name of person	r signing)
Preside	
(Title of person signi	nu)