P17000041598

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DIVISION OF CONFORMION OF 17 KIND OF STATE OF CONFORMION

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPOR	RATION: TOP FREIGHT L	OGISTICS INC		
DOCUMENT NUME	BER: P17000041598			_
	of Amendment and fee are s	ubmitted for filing.		
lease return all corres	spoudence concerning this ma	atter to the following:		
		YAIMA MARRERO		
•		Name of Contact Perso	n	
	. MA	STER CARRIER SOLUTI	ONS	
•		Firm/ Company		
		1275 West 47th Place Suite	441	
	Address			
		Hialeah, Fl 33012		
		City/ State and Zip Cod	e	
	וו	nastercarriersolutions@gma	il.com	
	E-mail address: (to be u	sed for future annual report	notification)	_
or further information	n concerning this matter, plea	se call:		. 8
YAIMA MARRERO		786	518 - 3431 de & Daytime Telephone N	
Name o	of Contact Person	Area Co	de & Daytime Telephone N	lumber
inclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 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

Street Address

Amendment Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

TOP FREIGHT LOGISTICS INC

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

	P17000041598	
(D	Occument Number of Corporation (if known)	
rsuant to the provisions of section 607,1006, F Articles of Incorporation:	lorida Statutes, this Florida Profit Corporation adopts the following	amendment(s
If amending name, enter the new name of t	the corporation:	
		The new
	e word "corporation," "company," or "incorporated" or the ab Corp," "Inc," or "Co". A professional corporation name must cor or the abbreviation "P.A."	
Enter new principal office address, if appli- rincipal office address MUST BE A STREET		
	,	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<i>E BOX</i>)	
÷		
If amending the registered agent and/or re- new registered agent and/or the new regist	gistered office address in Florida, enter the name of the ered office address:	
Name of New Registered Agent		
the state of the s		õ
	(Florida street address)	70
New Registered Office Address:	, Florida	Ö
NOW REGIMETED Office Address.	(City) (Zip Ci	ode)
ew Registered Agent's Signature, if changing acreby accept the appointment as registered ag	g Registered Agent: ent. I am familiar with and accept the obligations of the position.	
, , , ,	,	

Signature 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.

X Change	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>v</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	ANDRES ARTOLA	15950 SW 153RD CT
X Add			MIAMI, FL 33187
Remove			
2) X Change	VP	ALEXANDER GONZALEZ	15950 SW 153RD CT
Add			MIAMI. FL 33187
Remove			,
3)Change			
Add			
Remove			
4) Change	_		
Add			
Remove			
5) Change			
Add			
Remove			No. of the contract of the con
6) Change			
Add			
Remove			

If amend (Attach a	ling or adding additional Articles, enter change(s) here: dditional sheets, if necessary). (Be specific)
(Allacii n	addinia suceis, ij necessary). (Be specific)
	`
	•
	·
If an amo	endment provides for an exchange, reclassification, or cancellation of issued shares,
provisio (if n	ns for implementing the amendment if not contained in the amendment itself: ot applicable, indicate N/A)
***	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	

Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by	.,,,
-	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
05/26/2017 Dated	
Signature (k)	Aca A
(By a di	rector, president or other officer - if directors or officers have not been
	, by an incorporator — if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
<i>;</i>	
	ALEXANDER GONZALEZ
	(Typed or printed name of person signing)
	PRESIDENT
-	(Title of person cianing)