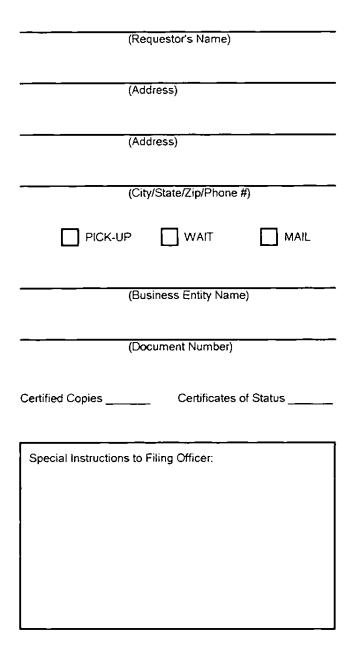
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Office Use Only



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J. FASON

JUL 01 2021

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: WZ WGISTICS EXPLESS LORP DOCUMENT NUMBER: P1 +000 56 345 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WY LOGISTICS EXPLES CORD BOCH LATON, FL, 33433

City/ State and Zip Code AVENTS @ MATTOS TNSUZANCE · COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 592 - 4747 Area Code & Daytime Telephone Number UNIZ H. PERFERNO DE SOUZA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

is enclosed)

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

WHO WHISTICS EXPIRES COR		
····	y filed with the Florida Dept. of State)	
<u> </u>		
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	1 professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	700 FAST ATLANTIC BLUD. #103,	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	POMERNO BEACH, FL, 33060	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	100 EAST ATLANTIC BLUD. #103,	
	Pompano BOACH, PL, 33060	
D. If amending the registered agent and/or registered office addr	ress in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida stre	vet address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
	2021	
	2021 (1997)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		

Signature of New Registered Agent, if changing

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) <u>X</u> Change	P	WIZ H. ARAETUO DE SOUZA	400 FAST ATUMUTIC PLUD. 4103, ROMPANO BEACH,
Remove			PC, 330.60
2) Change Add			
Remove Change			
Add Remove			
4) Change			
Add			
5) Change Add			
Remove			
6) Change Add		_	
Remove			

Attach a	additional she	cts, if necessary)	rticles, enter cha . (Be specific)				
							
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f a a a -	mandmant nu	avidas far an Ar	change, reclassi	Gastian ar anns	allation of icens	d charac	
provis	ions for imple	ementing the an	nendment if not	contained in the	amendment its	sel <u>f:</u>	
(if	not applicable	e, indicate N/A)					
						<u>-</u>	
							
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The date of each amendment(s) adoption: _	05/06/2021	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes east for the a rapproval.	umendment(s)
• • • • • • • • • • • • • • • • • • • •	the shareholders through voting groups. The following group entitled to vote separately on the amendm	-
"The number of votes cast for the an	endment(s) was/were sufficient for approval	
by		201
(v	oting group)	2021 TAY 25
		Ϋ́E
Dated 05/06/20	a) 1	25
	/	7
Signature		
(By a director, pro	esident or other officer – if directors or officers hav	re not been-
	corporator = if in the hands of a receiver, trustee, or by that fiduciary)	r other court
(\(\mathcal{L}\))i-	7 H. PERPETUO DE SOUPA (Typed or printed name of person signing)	
	()1	
	₽	

(Title of person signing)