## P17000061091

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SECRETARY OF STATE

1115 JA 2017 3. ELAVELD.



## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MORALES LOGE	STIC CORP	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	PEDRO MORALES VALLE	:	
		Name of Contact Person	1
	MORALES LOGISTIC COR	LP.	
		Firm/ Company	
	18634 NW 47TH PL		
		Address	-
	MIAMI GARDENS, FL 330	55	
		City/ State and Zip Cod	e
4GLC	BALCORP@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas		617_6742
		at (786	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ortment 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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## MORALES LOGISTIC CORP

MORALLS EGGISTIC CORT				
(Name	of Corporation as currently	filed with the Florida Dep	t. of State)	
P17000061091				
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation a	dopts the following ame	ndment(s) to
A. If amending name, enter the new na	ame of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corpor	orated" or the abbrevi	
B. Enter new principal office address, (Principal office address MUST BE A S				
<ul> <li>C. Enter new mailing address, if appliance (Mailing address MAY BE A POST)</li> <li>D. If amending the registered agent an new registered agent and/or the new registered agent and new regis</li></ul>	OFFICE BOX) od/or registered office addre	ss in Florida, enter the na	me of the	<del>-</del>
Name of New Registered Agent	PEDRO MORALES VALL	E		
	18634 NW 47YH PL			
	(Florida stree	t address)		
New Registered Office Address:	MIAMI GARDENS		. Florida 33055	
	10	ling .	(Zip Code)	<del></del> -
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar wi	th and accept the obligation	SEIGNETARY OF STATE TALLEMIASSEE. FLORID	TIPED

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>	John Doe	
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>	Address
1) Change	P	PEDRO MORALES	18634 NW 47TH PL
Add			MIAMI GARDENS, FL 33055
X Remove			
2) Change	P	PEDRO MORALES VALLE	18634 NW 47TH PL
X Add			MIAMI GARDENS, FL 33055
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add Remove			
KCHIOVC			

Attach additional sheets, if necessary).	(Be specific)
	<del></del>
	<u> </u>
	<del></del>
,	
<u> </u>	
5	
ran amenument provides for an exen provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
08/10/17 Dated	<del></del>	
Signature	PS	
(By a) selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	PEDRO MORALES VALLE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>