P17000061810

(Re	equestor's Name)		
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MAY 23 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _A22 Logi	istics, Corp.	
DOCUMENT NUMBER: P170000618		
The enclosed Articles of Amendment and fee are sul	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Aileen Abello P	Name of Contact Person	n
427 Logistics 4455 Sw 160	Firm/ Company AVE APT 20 Address	3
<u>Hiramar, FL</u> 3		
	ed for future annual report	notification)
For further information concerning this matter, pleas		0.40 234.8
Aileen Abello Rivera Name of Contact Person	at († 106 Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p		
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	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

A2Z LO	astics co	P.
(Name of Corporation as currently	(A) (a) (b) (b) (c) (c)	<u>State</u>)
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopt	s the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation	d" or the abbreviation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
		ZOIR
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	AY 2
(maining address MAT BE A POST OFFICE BOA)	11/13	<u> </u>
		20 20
		
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		
Name of New Registered Agent N/A		
(Florida stre	ret address)	
New Registered Office Address: VA	,	rida
	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 position.
N/A		·
Signature of New Re	egistered 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: XChange	<u>PT</u>	John Doe	2	
X Remove	<u>V</u>	Mike Jon	<u>es</u>	
X Add	<u>sv</u>	Sally Sm	ith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional she	ing additional Articles, enter of eets, if necessary). (Be specif	(1c)		
Arricle III	Purpose:			
To transc	Purpose:	Business	as a	Broker.
				<u></u>
provisions for im	provides for an exchange, recoplementing the amendment if able, indicate N/A)	lassification, or cancel f not contained in the a	lation of issued mendment itse	<u>l shares,</u> lf:
N/A				

The date of each amendment(s) adoption: M/A	_, if other than the
date this document was signed.	
Effective date if applicable: N/A	
Effective date if applicable: N/A (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast 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 shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	_
appointed fiduciary by that fiduciary)	
Alleen Abelb Rivera (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	