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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : A & L CARRIER SERVICES INC.

Account Number : **120110000033**Phone : **(786)360-2879**Fax Number : **(786)362-5270** 

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: INTO CONCORVIENSON CON

## COR AMND/RESTATE/CORRECT OR O/D RESIGN DREAM EAGLE LOGISTICS CORP

17 SEP 27 BB 3: 53
DEFACTOR STATE
NVISION OF CORPORATIONS
TA LA HANSEEF FLORIDA

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## COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: DREAM EAGLE LOGISTICS CORP					
DOCUMENT NUMBER: P17000068355					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
PEDRO LOPEZ					
Name of Contact Person					
DREAM EAGLE LOGISTICS CORP					
Firm/ Company					
11117 W OKEECHOBEE RD STE 214					
Address					
HIALEAH GARDENS FL 33018					
City/ State and Zip Code					
INFO@ALCARRIERSERVICES.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
A & L CARRIER SERVICES INC  Name of Contact Person  Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  Calculate of Status Certified Copy (Additional Copy is enclosed)					
Malling AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

## Articles of Amendment to Articles of Incorporation of

DREAM EAGLE LOGISTICS CORP	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P17000068355	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section $607.1006$ , Florida Statutes, this $F$ 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, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Covord "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	9622 SW 1ST TERR
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	MIAMI FL 33174
	CREE SE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9622 SW 1ST TERR \$50 27 LB
<u> </u>	MIAMI FL 33174
D. If amending the registered agent and/or registered office addressing registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
9622 SW 1ST T	ERR
(Florida swee	n address)
New Registered Office Address: MIAM!	, Florida 33174
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the company of the c	

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.Chauge	PT	John Do	<u>¢</u>	
X Remove	У	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		- <b>-</b> -		9622 SW 1ST TERR
Add				MIAMI FL 33174
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				<del></del>
Remove				
4) Change		_	<del></del>	
Add				
Remove				
5) Change		_		
Add				
Remove				
. 🗆				
6) Change		_		
Add				
Remove				

Mach additional sheets, if necessary).	. (Be specific)	
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an amendment provides for an exchoroyisions for implementing the ames (if not applicable, indicate N/A)	bange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
	· · · · · · · · · · · · · · · · · · ·	
		-

The date of each amendment(s) adoption: 09/27/17	, if other than the
date this document was signed.	
Effective date if applicable: 09/27/17	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/vere 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.	
Dated 09/27/17	
Signature (By/a director, president or 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)	
PEDRO LOPEZ	
(Typed or printed name of person signing)	
PRESIDENT	_
(Title of person signing)	