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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	
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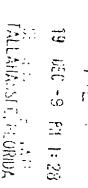
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JAN 11 2020 S. YOUNC



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: <u>666 LO</u>	aistics, Inc			
DOCUMENT NUMBE	r: <u>P170000</u> 3	<del>18908</del>			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	endence concerning this ma	tter to the following:			
	Gregory	Same of Contact Person			
	666 lag	istics Inc			
10500 NW 50 St, Suite 202					
_	Sunvise, F	FL 3335 \City/ State and Zip Code	<u>.                                    </u>		
	gregggagr	ced for future annual report	- wifestion)		
For further information c	oncerning this matter, pleas	·	iomeanony		
Gregory	Guella Contact Person	at ( <u>GSA</u>			
Enclosed is a check for the	he following amount made		•		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

666 baistics, Inc			
Name of Corporation as curren	tly filed with the Florida Dept. of Sta	<u>ite</u> )	
P170000 78a08			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts th	e following ame	ndment(s) to
A. If amending name, enter the new name of the corporation:			
		The	new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation name m	ubbreviation "Co	orp., "
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )			
C. Enter new mailing address, if applicable:	10500 ALLAL 50th	S+ SUI:	 te 2012.
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	10500 NW 50 <sup>th</sup> Sunrise, FL 333	551	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		<u>1e</u>	
Name of New Registered Agent		<del></del>	
		····	
(Florida s	street address)		
New Registered Office Address:	(City) Florid	la (Zip Code)	
	te ika	(Zifi Coae)	
		19 TALL	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.	<b>nt:</b> r with and accept the obligations of the	position.	
	, ,		<del></del>
		-: <u>-:</u>	• :0
Signature of New	Registered Agent, if changing		
		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
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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.

	•			
<u>PT</u>	<u>John De</u>	<u>oe</u>		
<u>V</u>	Mike Jo	ones		
<u>sv</u>	Sally Si	mith		
<u>Title</u>		<u>Name</u>		Address
offic	<u>e</u> (	Andrea	Monteju	10505 NW 50 St, suite 202
				Sunrise, FL 33351
	_		<del></del>	
			<u>.                                    </u>	
	<del></del>			
		Page 2	c of 4	
	<u>V</u> <u>SV</u> <u>Title</u>	V Mike Jo	Notices  SV Sally Smith  Title Name  Offices  Andrea	V Mike Jones  SV Sally Smith  Title Name

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

		<del></del>
, <u> </u>		
	·	
		<del></del>
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provisions for implementing the amendr (if not applicable, indicate N/A)	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:	
		<del></del>
		<del></del> _
	Page 3 of 4	
The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:		
Enecuse date if applicable.	(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 not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop by the shareholders was/were suf		The number of votes cast for the amendment(s)
		s through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was	s/were sufficient for approval
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	oted by the board of direc	ctors without shareholder action and shareholder
The amendment(s) was/were adopt action was not required.	oted by the incorporators	without shareholder action and shareholder
Dated \210	12019	)
selected		officer – if directors or officers have not been in the hands of a receiver, trustee, or other court iary)
-	Gregory (Typed or prin	GUETTA name of person signing)
7	Presider	\t
(	Title of person signing)	