PITOCCA4650

(Re	questor's Name)
(Add	dress)
(Add	dress)
(/ 13.	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu:	siness Entity Name)
(Do	curnent Number)
Certified Copies	Certificates of Status
Special Instructions to I	Filing Officer:
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:	MESAVILES LOGISTICS	INC
OCUMENT NUMBER: P17000094650			
The enclosed Articles of Ar	nendment and fee are su	bmitted for filing.	
Please return all correspond	lence concerning this mat	tter to the following:	
		ALAN MARTINEZ	
	1	Name of Contact Perso	n
		SIMPLEX GROUP	
	Firm/ Company		
		5800 NW 74TH AVE	
	Address		
	MIAMI, FL 33166		
		City/ State and Zip Coo	ie
	amarti	nez@simplexgroup.net	
		sed for future annual repor	t notification)
For further information con		se call: at (<u>305</u>) 599-8287
Name of Co	ntact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Dep	partment of State:
S \$35 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 .			t Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box			n Building
	ee, FL 32314	2661	Executive Center Circle
		Tallal	iassee, FL 32301

Articles of Amendment Articles of Incorporation of

MESAVILES LOGIS	STICS INC		
(Name of Corporation as current)	y filed with the Florida Dept. of State)		
P170000946	50		
(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ving amendn	nent(s) t
A. If amending name, enter the new name of the corporation:			
		The ne	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name mu	abbreviatio	n
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: (Mailing address MAY BE A POST OFFICE BOX)	E E	201	
(Maning unaress MAT BE ATOST OFFICE BOX)	is-		-17
	7	E C	
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D. If amending the registered agent and/or registered office adds	ress in Florida, enter the name of the	PM 1: 07	[]
new registered agent and/or the new registered office address	<u>.</u> :		~r
Name of New Registered Agent			
(Etavido et	eet address)		
·			
New Registered Office Address:	(City) , Florida	(ip Code)	
1 1			
<u> </u>			
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	: with and accept the obligations of the positio	ın.	
	7 0		
Signature of New k	Registered Agent, if changing		
	0 0 0 0		

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	PT	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>	<u>Addres</u> s
1) X Change	VP	MESA GUZMAN, JORGE M	2927 NW 29TH ST MIAMI, FL 33142
Add			WIMWI, FL 33142
Remove			
2) Change	P	AVILES, LAZARA	2927 NW 29TH ST MIAMI, FL 33142
X Add			
Remove			
3) Change			
Add	'		
Remove	1		
4) Change			
Add			
Remove			
5) Change	!	<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

ttach <i>additional sh</i> e	ng additional Articles, enter change(s) here: ets, if necessary). (Be specific)	
	·	
	i 1	
		
	1	
	7 I	
an amendment pr	ovides for an exchange, reclassification, or cancellation of issued shares,	
irovisions for implicab	ementing the amendment if not contained in the amendment itself: e, indicate N/A)	
(9		
-,		

	12/6/17	
The date of each amendment(s) adoption: date this document was signed.'		, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statutory filing require State's records.	ements, this date will not be listed as th
Adoption of Amendment(s) (CI	IECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the approval.	e amendment(s)
	e shareholders through voting groups. The foll g group entitled to vote separately on the amen	
•	ndment(s) was/were sufficient for approval	
by		
(vo	ting group)	
action was not required.	board of directors without shareholder action a incorporators without shareholder action and s	
action was not required.		
Dated 12/6/17		
Signature X 2	- plus	
(By a director, pres	sident or other officer - if directors or officers h	
	orporator – if in the hands of a receiver, trustee y by that fiduciary)	, or other court
appointed fiducial	by that necessary)	
	JORGE MESA	
 	(Typed or printed name of person signing)	
	VICEPRESIDENT	
	(Title of person signing)	