

P17000092263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

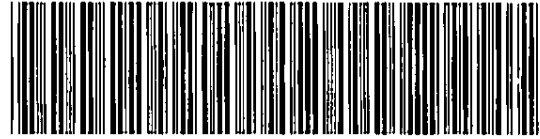
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2018 JUL 19 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

JUL 23 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Benny & Son Logistics Corp.
DOCUMENT NUMBER: P17000098863

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arsenio Miranda Echavarría
Name of Contact Person
Benny & Son Logistics Corp.
Firm/ Company
1281 W. 29TH ST. APT 17
Address
Hialeah, FL 33012
City/ State and Zip Code
arseniomiranda82@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

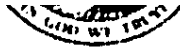
Cristina Dirz at (617) 913 1799
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2018

ARSENIO MIRANDA ECHAVARRIA
1281 W. 29TH STREET
APT. 17
HIALEAH, FL 33012

SUBJECT: BENNY & SON LOGISTICS CORP
Ref. Number: P17000098863

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The date of adoption of each amendment must be included in the document.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 318A00014154

RECEIVED

18 JUL 19 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED

2018 JUL 19 AM 10:43

Benny J. Son Logistics Corp.

(Name of Corporation as currently filed with the Florida Dept. of ~~State~~ ^{SECRETARY OF STATE})

TALLAHASSEE, FLORIDA

P17000098863

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

1281 W. 29TH ST. Apt 17
Hialeah, FL 33012

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

1281 W. 29TH ST. Apt 17
Hialeah, FL 33012

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Florida Full Accounting Services LLC
9816 E. Colonial Drive Orlando FL 32817
(Florida street address)
New Registered Office Address: Cristina Diez Phone (678) 9131799
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

The date of ~~amendment(s)~~ adoption: 7-11-2018
Date this document was signed.

Effective 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 document's effective date on the Department of State's records.

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)"

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 7/16/2018

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)

Gloria P. Ramirez
(Typed or printed name of person signing)

Vicepresident
(Title of person signing)