

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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2018 JUL 19 AM 10: 43

C. GOLDEN

JUL 2 3 2018

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

| Division of Corporations  |
|---|
| NAME OF CORPORATION: Benny & Son LogisTics Cor<br>DOCUMENT NUMBER: P170000 988 63   |
| The enclosed Articles of Amendment and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:   |
| Arsenio Miranda Echavarria  Name of Contact Person  Benny of Son Logistics Corp.  Firm/Company of Son Logistics Corp.  Firm/Company of Son Logistics Corp.  Address  Hialeah, FL 330/2  City/State and Zip Code  Orsenio miranda 82@ amail. com  E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call:  |
| Cistina Dirz a1 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:  |
| S35 Filing Fee Scrifficate of Status Certified Copy (Additional Copy is enclosed)  S43.75 Filing Fee Scrifficate of Status Certified Copy (Additional Copy is enclosed)   |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision 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.

Letter Number: 318A00014154

Claretha Golden
Regulatory Specialist II

RECEIVED

18 JUL 19 PM 12: 3
SECRETARY OF STAT

## Articles of Amendment to

Articles of Incorporation

FILED

| (Name of Corporation as currently filed with the Florida  P/7000 9863  (Document Number of Corporation)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation its Articles of Incorporation:  A. If amending name, enter the new name of the corporation: | TALLAHASSEE, FLORIDA   |
|--|--|
| (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporations Articles of Incorporation:  A. If amending name, enter the new name of the corporation:   | TALLAHASSEE, FLORIDA   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporati</i> is Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  |  |
| s Articles of Incorporation:  . If amending name, enter the new name of the corporation:   | ion adopts the following amendment(s) to                                 |
|  |  |
|  |  |
| ame must be distinguishable and contain the word "corporation," "company," or "in<br>Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional co<br>ord "chartered," "professional association," or the abbreviation "P.A,"  | The new corporated" or the abbreviation apporation name must contain the |
| Enter new principal office address, if applicable:  Principal office address <u>MUST BE A STREET ADDRESS</u> )  Highlean   |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  Lialeal  | 29 TH ST. 1407 17<br>11, FL 33012  |
| If amending the registered agent and/or registered office address in Florida, enter the  | e name of the  |
| Name of New Registered Agent? — LOri of Full Account 4816 E Colonial Driver Registered Office Address:  New Registered Office Address: > Cristing Diez (City)  |  |

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

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: X Change             | <u>PT</u> <u>Joh</u>  | n Doe                         |                     |
|-------------------------------|-----------------------|-------------------------------|---------------------|
| X Remove                      | <u>V</u> <u>Mik</u>   | e Jones                       |                     |
| X Add                         | <u>SV</u> <u>Sall</u> | y Smith                       |                     |
| Type of Action<br>(Check One) | <u>Title</u>          | <u>Name</u>                   | <u>Addres</u> s     |
| 1) Change                     | <u>_P</u>             | Javier Castillo               | 14013 Mailer Bld    |
| Add                           |                       |                               | Orlando, Fl 32828   |
| _X_ Remove                    |                       |                               |                     |
| 2) Change                     | VP                    | Eloria P. Romirez             | 14013 Maile, Blud.  |
| Add                           |                       |                               | Orlando, F1 32828   |
| Remove 3) Change              | T                     | Nora Ramirez                  | 15727 Montes, no Di |
| Add                           |                       |                               | orlando, FL 32828   |
| _X_ Remove                    |                       |                               |                     |
| 4) Change                     | P                     | Arsenio Mironda<br>echavorria | 1281 W. 29TH ST     |
|                               |                       | echavaria                     | ApT. 17 Hialear     |
| Remove                        |                       |                               | IL 33012            |
| 5) Change                     |                       |                               |                     |
| _ <b></b> Add                 |                       |                               | <del></del>         |
| Remove                        |                       |                               |                     |
| 6) Change                     | <del></del>           |                               |                     |
| Add                           |                       |                               |                     |
| Remove                        |                       |                               |                     |

|  | (Be specific)  |
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| an amendment provides for an exchaprovisions for implementing the amen                                   | ange, reclassification, or cancellation of issued shares, address if not contained in the amendment itself:  |
| an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:   |
| <u>provisions for impleme</u> nting the amen   | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself;   |
| <u>provisions for impleme</u> nting the amen   | ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
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| <u>provisions for impleme</u> nting the amen   | ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| <u>provisions for implementing the amen</u>  | ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself;  |

| The contraction of the contracti | -· 11 |
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| en the transmin was signed.  |       |
|  |       |
| (no more than 90 days after amendment file date)   |       |
| o j  | n.1'  |
| Note: If the this inserted in this black does not meet the applicable statutory filing requirements this date will be discribed in this Department of State's records.   |       |
| Adoption of Amendment(s) (CHECK ONE)   |       |
| The mimber of votes east for the amendments of the shortest of the shortest east for the amendments of the shortest east east for the shortest east east east east east east east  |       |
| The mention (s) was were approved by the shortholders through voting groups. The following statement and be separately provided for each voting group entitled to vote separately on the amendment(s)  |       |
| "The curried of votes cost for the cure diment(s) was wore sufficient for approval   |       |
| by   |       |
| (varing group)   |       |
| The constituent(s) was were enlapted by the bound of directors without shareholder action and shareholder entire was not required.   |       |
| The continuents) was were catopted by the incorporators without shareholder action and shareholder action was an required.   |       |
| 7/16/2018  |       |
| Simo John Simon Si |       |
| (By a director, pression 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   |       |
| Gloria P. Ramivez  (Typed or primal come of prosen signing)  |       |
| Vicepresident  (Title of present size)   |       |
| (Title of person signing)  |       |