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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	A&GL	OGISTICS LINC	
DOCUMENT NUMBER:		P18000005282	
The enclosed Articles of Amer	idment and fee are su	bmitted for filing.	
Please return all correspondenc	re concerning this ma	tter to the following:	
	LILLI	AM GONZALEZ	
<del></del>		Name of Contact Person	1
	FLAGLER T.	AX SERVICES INC	
		Firm/ Company	
	140 N	IW 57TH AVE	
	<del></del>	Address	
	MIAMI, FL 33	126	
		City/ State and Zip Cod	c
	FLAG	LERTAX@YAHOO.COM	1
12.4		ed for future annual report	
	•		,
For further information concer	ning this matter, pleas	se call:	
LILLIAM GONZALEZ		305	392-0556
Name of Conta	ct Person	Area Co	392-0556 de & Daytime Telephone Number
Enclosed is a check for the following	lowing amount made		
•	43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## A & G LOGISTICS I INC

(Name of Corporation as	s currently filed with the Florida Dept. of Stat	<u>e</u> )	
P1	8000005282		
(Document	Number of Corporation (if known)	***************************************	
Pursuant to the provisions of section 607.1006, Florida Statists Articles of Incorporation:	states, this Florida Profit Corporation adopts the	following amendment(	(s) to
A. If amending name, enter the new name of the corpor	ration:		
A & G ŁOGIST	FICS ONE INC.	_ The new	
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp.," "word "chartered," "professional association," or the abbr	Inc," or "Co". A professional corporation nor	or the abbreviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	<u></u> )		
C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered and new registered agent and/or the new registered office  Name of New Registered Agent  M	office address in Florida, enter the name of the ce address:	SELECTION OF STATE	77
	(Florida street address)		
New Registered Office Address:	, Florida	(Zip Code)	
New Registered Agent's Signature, If changing Register I hereby accept the appointment as registered agent. I am  Signature	red Agent: i familiar with and accept the obligations of the p  e of New Registered Agent, if changing	position.	

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	<u>PT</u>	John Do	<u>c</u>		
X Remove	<u>v</u>	Mike Jones			
<u>X</u> Add	<u>\$V</u>	Sally Sm	<u>nith</u>		
Type of Action (Check One)	Title		<u>Name</u>	Address	
1) Change					
Add					
Remove					
2) Change		<del></del>			
Add					
Remove					
3) Change		<del></del>			
Add					
Remove					
4) Change		_	-		
Add					
Remove					
5) Change		_			
Add					
Remove					
δ) Change					
Add					
Remove					

Attach additional	lding additional Ar sheets, if necessary).	(Be specific)				
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f an amendment	provides for an exc	hange, reclassific	ration, or cancel	lation of issued	shares.	
<u>provisions for in</u>	nplementing the amulable, indicate N/A)	endment if not co	ntained in the a	mendment itsel	<u>f:</u>	
(у посырые	iole, mutale way					
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			<del></del>			
						· · · · · · · · · · · · · · · · · · ·

	01/18/2018
The date of each amendm	ent(s) adoption:, if other than the
date this document was sign	
Effective date if applicable	01/18/2018 e:
	(no more than 90 days after amendment file date)
Note: If the date inserted document's effective date of	in this block does not meet the applicable statutory filing requirements, this date will not be listed as the n the Department of State's records.
Adoption of Amendment(	s) ( <u>CHECK ONE</u> )
☐ The amendment(s) was/ by the shareholders was	were adopted by the shareholders. The number of votes cast for the amendment(s) /were sufficient for approval.
☐ The amendment(s) was/ must be separately prov	were approved by the shareholders through voting groups. The following statement elded for each voting group entitled to vote separately on the amendment(s):
"The number of vo	otes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	were adopted by the board of directors without shareholder action and shareholder were adopted by the incorporators without shareholder action and shareholder
Dated	01/18/2018
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)
	MICHAEL J GALLEGO
	(Typei\or printed name of person signing)
	Smithael J. Saileon
	(Title of person signing)