P180009399

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MAY 25 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: R & S LOGISTIC	SINC	
DOCUMENT NUM	PERAAAAAAA		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	SARA JO CALVO		
		Name of Contact Person	1
	CREATIVE TAX SOLUTIO	ONS INC	
		Firm/ Company	···
	PO BOX 12822	, and the second	
		Address	
	FT PIERCE, FL 34979		
		City/ State and Zip Code	e
SAR.	AJOCALVO@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
SARA JO CALVO			202 1012
		at (786	
Name	of Contact Person	Area Co-	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□S43.75 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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

D	g.	C	1	αc	CT	ICS.	INC
r.	C.		L	w	1.3 1	11	1150.

	currently filed with the Florida Dept. of State)
P1800009399	
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpora	tion:
name must be distinguishable and contain the word "on	rporation," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	c," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	7)
	7
C. Enter new mailing address, if applicable:	55. 27
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	100 mm 10
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 	
Name of New Registered Agent	
	lorida street address)
N. D 1000	
New Registered Office Address:	, Florida
	(Eq. State)
New Registered Agent's Signature, if changing Registere	d Agent:
hereby accept the appointment as registered agent. I am f	amiliar with and accept the obligations of the 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.

Example: X Change	<u>PT</u>	<u>Iohn Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	SHERIKA A GRAY	4136 NE 9 STREET
XAdd			HOMESTEAD, FL 33033
Remove			
2) Change	VP	DEMAR JOHNSON	20001 SW 112 CT
X Add			MIAMI, FL 33189
Remove			
3) Change	VP	SHERIKA A CLARKE	4136 NE 9 STREET
Add			HOMESTEAD, FL 33033
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			_
Remove			
6) Change			
_			
Add			
Remove			

 E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) 1) SHERIKA A. CLARKE CHANGED NAME IN DIVORCE SETTLEMENT.
2) PERCENTAGE OF OWNERSHIP CHANGED TO INCLUDE 33.3% FOR EACH OFFICER OF THE CORPORATION
2) TERCENTAGE OF OWNERSHIP CHANGED TO INCEODE 35.576 FOR EACH OF THE CORPORATION
· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

•	5/01/2018
The date of each amendment(s) a	doption:, if other than t
date this document was signed.	
OSAC Effective date <u>if applicable</u> :	1/2018
	(no more than 90) days after amendment file date)
Note: If the date inserted in this bocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as tepartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	
95/19/2018	
	and land
(By a d	irector president or other officer - if directors or officers have not been
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
аруюш	
	ROMANDO A DIXON
,	(Typed or printed name of person signing)
f	
1	Tono of on
	(Title of person signing)