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O: Amendment Section Division of Corporations					
NAME OF CORPORATION: LUNGEVITY LUGISTICS, Inc. P 18 0 0 0 0 18875					
OCCUMENT NUMBER: P . 100000120 [7					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Jucqueline Long					
Hucqueline Long Name of Contact Person Longevity Logistics, Inc Firm/Company 18801 N. Dale Makey Huy # 1019 Address Lutz, Re 33548					
18801 N. Dale Makey Huy # 1019					
Lutz, Re 33548 City/ State and Zip Code					
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
,					
or further information concerning this matter, please call:					
Jucque line Lung at 8/3, 750-5400					
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:					
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address Street Address					
Amendment Section Amendment Section Division of Corporations Division of Corporations					
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building					
Tallahassee, Fl. 32314 2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

 $\quad \text{of} \quad$

Longenty Logistics, Inc.	iled with the Florida Dept. of State)
Longenty Walshes, Inc. (Name of Corporation as currently for place of the place of	iled with the Florida Dept. of State)
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	prida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P.,	". A professional corporation name must contain the
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)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	. Florida
(Ci	(y) (Lip 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 Regi	stered 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.

X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One) 1) Change	Title S	Symone P. Francis	Address 5617 E. 122nd Ave Apt. A1 TAMPA, FL 33417
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add			
6) Remove Add Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(у посирунсионе, такие гля)	
	<u></u>
	

The date of each amendment(s) adoption: 3/1/8 date this document was signed.	, if other than the
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 w document's effective date on the Department of State's records.	ill not be listed as the
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 3/5/18	
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)	
Jacqueline J. Long	
(Typed of printed name of person signing)	
President	
(Title of person signing)	