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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SF LOGISTICS CO	ORP			
	BER: P18000021617				
	s of Amendment and fee are su				
Please return all corre	espondence concerning this ma	tter to the following:			
	HUMBERTO GONZALEZ				
	Name of Contact Person				
	RAPID INCOME TAX COR				
Firm Company					
	11300 NW 87 COURT SUITE 150				
Address					
	HIALEAH GARDENS FL, 33018				
City. State and Zip Code					
	LLCTAX@YAHOO.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
HUMBERTO GONZ	ALEZ	305	8226643		
Name of Contact Person		Area Coo	le & Daytime Telephone Number		
Enclosed is a check to	or the following amount made [payable to the Florida Depa	rtment of State;		
S35 Filing Fee	□\$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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation

FILED

SF LOGISTICS CORP	2021 OCT -5 AM 8: 27		
(Name of Corporation as curren	otly filed with the Florida Dept. of State) ' 57		
P18000021617	TATE AND SEE STATE		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporation." "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". "chartered," "professional association " or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	8000 NW 85 STREET		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	DORAL FL, 33166		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8000 NW 85 STREET		
	DORAL FL, 33166		
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	dress in Florida, enter the name of the		
Name of New Registered Agent			
(Florida s	treet address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen			
hereby accept the appointment as registered agent. I am familiar	u: 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 officeridirector 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 PT John Doe X Remove \underline{V} Mike Jones X Add SYSally Smith Type of Action Title Name Address (Check One) 1) ____ Change ____ Add ___ Remove 2) ____ Change ____ Add Remove 3) Change ____ Add __ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ____ Add ___ Remove 6) _____ Change ___ Add Remove

Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an arch	
f an amendment provides for an exchaprovisions for implementing the amer	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and and the amendment itself:
f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

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The date of each amendment(s) a date this document was signed.	doption: if other than
Effective date if applicable:	
	tno more than 90 days after amendment file date)
Note: If the date inserted in this hadocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as spartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amendment(s) flicient for approval.
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval
by	•
	(voting group)
/ Sci octec	rector, president or other officer—if directors or officers have not been by an incorporator—if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	FRANCES J BARNES
	(Typed or primed name of person signing)
	P. D
•	(Title of person signing)

the

the