## P18000022809

| (Requestor's Name)                      |                   |             |  |  |
|---|-------------------|-------------|--|--|
| (Address)                               |                   |             |  |  |
| (Address)                               |                   |             |  |  |
|   |                   |             |  |  |
| (Ci                                     | ty/State/Zip/Phon | 9 #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Bu                                     | siness Entity Nar | me)         |  |  |
|   |                   |             |  |  |
| (Document Number)                       |                   |             |  |  |
| Certified Copies                        | _ Certificates    | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
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Office Use Only



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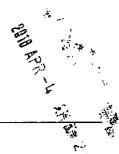
REG REPER

## **COVER LETTER**

|  |  | COVER LETTER   |  | 3-   |
|--|--|--|--|--|
| TO: Amendment Section Division of Corp |  | -  |  | Part of the second of the seco |
| NAME OF CORPO                          | RATION: All Florida Cargo,   | Inc  |  | # 18   |
| DOCUMENT NUM                           | ***************************************  |  |  |  |
|  | of Amendment and fee are su  | bmitted for filing.  |  | 69   |
| Please return all corre                | spondence concerning this ma   | tter to the following:   |  |  |
|  | Miguel Parra   |  |  |  |
|  |  | Name of Contact Person   | n  |  |
|  | All Florida Cargo, INc   |  |  |  |
|  |  | Firm/ Company  |  |  |
|  | 13412 Paloma Drive   |  |  |  |
|  |  | Address  |  |  |
|  | Orlando, Fl 32837  |  |  |  |
|  | The second secon | City/ State and Zip Cod  | e  |  |
| miau                                   | el@lcpmiamicorp.com  |  |  |  |
|  |  | sed for future annual report                                       | notification)  |  |
|  | E-man address. (to be us   | sed for future armual report                                       | nomeanony  |  |
| For further information                | on concerning this matter, pleas   | se call:   |  |  |
| miguel parra                           |  | 786  | 2879977  |  |
| Name                                   | of Contact Person  | at ( Area Co   | de & Daytime Telephone Number  | <del></del>  |
| Enclosed is a check for                | or the following amount made   | payable to the Florida Depa  | artment of State:  |  |
| \$35 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) |  |
| Am<br>Div<br>P.O                       | endment Section<br>ision of Corporations<br>b. Box 6327<br>lahassee, FL 32314  | Ameno<br>Divisio<br>Clifton  | Address  Iment Section on of Corporations Building Executive Center Circle             |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



| All Florida Cargo  |                 |
|--|-----------------|
| (Name of Corporation as currently filed with the Florida Dept. of State)   | E.A.            |
| P18000022809   | 6-1             |
| (Document Number of Corporation (if known)   |                 |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:   | amendment(s) to |
| A. If amending name, enter the new name of the corporation:  |                 |
| n/a  | The new         |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abb<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must co<br>word "chartered," "professional association," or the abbreviation "P.A." |                 |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  |                 |
|  |                 |
| 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 in Florida, enter the name of the new registered agent and/or the new registered office address:  |                 |
| Name of New Registered Agent   |                 |
| (Florida street address)   |                 |
| New Registered Office Address:, Florida  |                 |
| (City) (Zip Co   | ode)            |
| 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.   |                 |
| тильну чесерь на арренинали из године са адене. Тантушний тип ини иссерь не остданот од на рознют  |                 |

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> | John Do  | <u>oe</u>     |                        |
|-------------------------------|-----------|----------|---------------|------------------------|
| X Remove                      | <u>v</u>  | Mike Jo  | <u>nes</u>    |                        |
| X Add                         | <u>sv</u> | Sally Sn | <u>nith</u>   |                        |
| Type of Action<br>(Check One) | Title     |          | Name          | Address                |
| 1) Change                     | S         |          | Yasmani Roque | 5733 PGA Blvd Apto 318 |
| X Add                         |           |          |               | Orland, Fl 32839       |
| Remove                        |           |          |               |                        |
| 2) Change                     |           |          |               |                        |
| Add                           |           |          |               |                        |
| Remove                        |           |          |               |                        |
| 3) Change                     |           | _        |               |                        |
| Add                           |           |          |               |                        |
| Remove                        |           |          |               |                        |
| 4) Change                     |           |          |               |                        |
| Add                           |           |          |               |                        |
| Remove                        |           |          |               |                        |
| 5) Change                     |           |          |               |                        |
| Add                           |           | _        |               |                        |
| Remove                        |           |          |               |                        |
|                               |           |          |               |                        |
| 6) Change                     |           |          |               |                        |
| Add                           |           |          |               |                        |
| Remove                        |           |          |               |                        |

|  | (Be specific)  |
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| If an amendment provides for an exch                                     | nange, reclassification, or cancellation of issued shares,   |
| provisions for implementing the ame                                      | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:  |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:  |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and and an analysis |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and and an analysis |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and and an angellation of issued shares, and and an angellation of issued shares, and an angellation of issued shares and an angell |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and and an analysis |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and and an amendment itself:  |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and and an analysis |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and and an anti-ment if not contained in the amendment itself:  |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and and an  |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and and an anti-ment if not contained in the amendment itself:  |
| provisions for implementing the ame                                      | nange, reclassification, or cancellation of issued shares, and and an in the amendment itself:   |

|  | 3/29/2018   | if other than the              |
|--|---|--------------------------------|
| The date of each amendment(s) adoption:<br>date this document was signed.  |   | , if other than the            |
| uate this document was signed. 03/29/2018  |   |                                |
| Effective date if applicable:  |   |                                |
|  | (no more than 90 days after amendment file date)  |                                |
| Note: If the date inserted in this block does not document's effective date on the Department of   | not meet the applicable statutory filing requirements, this f State's records.  | date will not be listed as the |
| Adoption of Amendment(s) (CH   | HECK ONE)   |                                |
| ☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for   | shareholders. The number of votes cast for the amendment approval.  | nt(s)                          |
|  | ne shareholders through voting groups. The following state g group entitled to vote separately on the amendment(s):                                 | ement                          |
| "The number of votes cast for the ame  | endment(s) was/were sufficient for approval   |                                |
| by   | "   |                                |
| (vo  | oting group)  |                                |
| ☐ The amendment(s) was/were adopted by the action was not required.  | board of directors without shareholder action and shareho   | older                          |
| O3/29/2018 Dated Signature (By a director/presselected, by an incompared to the compared to th | sident or other officer – if directors or officers have not becorporator – if in the hands of a receiver, trustee, or other corp by that fiduciary) | <u>en</u>                      |
|  |   |                                |
|  | (Typed or printed name of person signing)   |                                |
| President  |   |                                |
|  | (Title of person signing)   |                                |