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R. WHITE SEP 0 4 2018 SECRETARY OF STATE TALLAHASSEE, FI

## **COVER LETTER**

FO: Amendment Section Division of Corporations
NAME OF CORPORATION: A rias Logistics & Transportation Incomment number: P18000028678
DOCUMENT NUMBER: F180000 Z 86 T8
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sofia Loaiza Alzate Name of Contact Person
Name of Contact Person
Firm/ Company
7241 Hollowell Dr. Address
TAMPA FL 33634  City/ State and Zip Code    OalzaSofia 911 @ gmail. Com   E-mail address: (to be used for future annual react notification)
City/ State and Zip Code
Daiza Sofia 911 @ gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sofia Louiza Alzate 1813 947-9447
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
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

## FILED

Arias Logistics & T	ranspor 2018/AUG 30 LPM d: 27
P1800002	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered." "professional association," or the abbreviation  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	"Co". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	7241 Hollowell Da JAM1A, FL 33634
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
Elovida si	reet address)
New Registered Office Address:	, Florida
new Registered Office radiress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent.—I am familiar	<u>t:</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 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u> </u>	Gerardo Perez Arias	2624 SW 4# Ave
Add Remove			Cape Coral IFL 33916
2) Change	P	Sofia Loaiza Alzate	7241 Hollowell DA
Remove 3 ) Change Add			
Remove 4) Change Add		<del></del>	
Remove  5) Change Add			
Remove  Change Add		<del></del>	
Remove			

Attach additional sheets, if necessary).	(Be specific)		
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f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or ea	incellation of issued sha	res.
provisions for implementing the ame	nament u not contained in	ine amendment itseit:	
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			

The date of each amendment(s) adoption: 827 2018 date this document was signed.	if other than the
Effective date <u>if applicable:</u> (no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 jollowing 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	
by	
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 8 27 2018	
Signature	
(B) 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)	
Sofia Louiza Alzate	
(Typed or printed name of person signing)	
President	
(Title of person signing)	<del></del>