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SECRETARY OF STATE

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COVER LETTER

AND SEAFER SEE STATE OF THE PARTY OF THE PAR TO: Amendment Section Division of Corporations DP PROFESSIONAL BUSINESS INC NAME OF CORPORATION: DOCUMENT NUMBER: P18000031604 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **EDWARD F GONZALEZ** Name of Contact Person COMMUNITY GROUP Firm/ Company 6100 JOHNSON ST SUITE A Address HOLLYWOOD FL 33024 City/ State and Zip Code COMMUNITY CONSUMERS @GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **EDWARD F GONZALEZ** Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DP PROFESSIONAL BUSINESS INC

(Name of Corporation as currently filed with the Florida Dept. of State) DP PROFESSIONAL BUSINESS INC (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: DP LOGISTICS AND SOLUTIONS CORP name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 1550 NW 170 AVE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) MBROKE PINES, FL 33028-1356 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: (City) (Zip 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 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:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO <math>\neq$ 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 Doe	
-			
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Çhange			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or addi (Attach additional she	zets, if necessary).	(Be specific)				
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lf an amendment pro	vides for an exch	auge, reclassific:	<u>ttion, or cancell</u>	ation of issued s	hares,	
provisions for imple (if not applicable	menting the amer	<u>ndment if not cor</u>	<u>itained in the ai</u>	mendment itself:	_	
(у пол аррисион	, mulcute 10A)					
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The date of each amendment(s) adoption:, if other	er than the
date this document was signed.	
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 will not be lis document's effective date on the Department of State's records.	ted 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 <u>07/22/19</u> 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)	
DAVID PERILLA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	