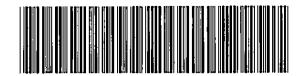
# P1800031494

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
		,
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



600319773866

10/17/18--01034--001 \*\*35.00

AHASSEE TO

18 OCT 17 AM 9: 2:

MHILL ANO

R. WHITTE

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

7

NAME OF CORPORATI	ON: KMG LOGISTICS	SINC	
DOCUMENT NUMBER:	P18000036484	-	
The enclosed Articles of Ar	mendment and fee are su	bmitted for filing.	
Please return all correspond	dence concerning this ma	tter to the following:	
GUI	NOZA SABIROVA		
		Name of Contact Person	1
_		Firm/ Company	
2750	TAYLOR AVE SUITE	EA-13	
		Address	
ORI	ANDO, FL 32806		
		City/ State and Zip Code	2
MRFARH	OD@MAIL.RU		
<del></del>	E-mail address: (to be us	sed for future annual report	notification)
For further information con	cerning this matter, pleas	se call:	
GULNOZA SABIROVA		at (	
Name of Co	ntact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	irtiment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division P.O. Box	ent Section of Corporations	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

#### to Articles of Incorporation of

FILED

2018 OCT 17 11 0: 04 KMG LOGISTICS INC (Name of Corporation as currently filed with the Florida Dept, of State)

P18000036484	NE AHASSEF, DIONE	
(Documer	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendmen	
A. If amending name, enter the new name of the corp	poration:	
N/A	The new	
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the observiation "P.A."	
B. Enter new principal office address, if applicable:	2750 TAYLOR AVE, SUITE A-13	
(Principal office address MUST BE A STREET ADDR	ORLANDO, FL 32806	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2750 TAYLOR AVE, SUITE A-13	
	ORLANDO, FL 32806	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		
Name of New Registered Agent N/A		
	(Florida street address)	
New Registered Office Address:	Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Regist	tered Agent	
	am familiar with and accept the obligations of the position.	
	<del></del>	

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	VP	MANSUR KURBANOV	9254 RANDAL PARK BLVD
Add			#[4]]0
X Remove			ORLANDO, FL 32832
2) Change	VP	OYBEK MIRZAKARIMOV	9851 SUNSET BAY WAY
$\frac{X}{X}$ Add			#319
Remove			ORLANDO, FL 32821
3 ) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
(A) Channe			
6)Change			
Add			
Remove			-

. If amending or adding additional Arti (Attach additional sheets, if necessary).	
/A	
	<del> </del>
	<del></del>
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	
	· ·
<del></del>	

The date of each amendment(s)	) adoption:, il	other than the
date this document was signed.		
CEffective date <u>if applicable</u> :	OCTOBER 17, 2018	
Effective date in applicative.	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	,"	
,	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
OCTOE Dated	BER 17, 2018	
Signature	Cerfe	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	GULNOZA SABIROVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	