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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CO	RPORATION: AROC LOGISTIC	C GROUP , INC	
	UMBER: P18000044238		
	ticles of Amendment and fee are s	ubmitted for filing.	
Please return all	correspondence concerning this m	atter to the following:	
	MARIA J. FERRERO		
		Name of Contact Person	1
	MJFA PROFESSIONAL SE	ERVICES INC	
		Firm/ Company	
	6364 NW 173 STREET	o -	
		Address	
	MIAMI, FL 33015		
	,	City/ State and Zip Code	e
	mjfaprof@gmail.com		
	E-mail address: (to be u	ised for future annual report	notification)
For further information	mation concerning this matter, plea	ase call: 786	212-8723
N	lame of Contact Person		de & Daytime Telephone Number
Enclosed is a che	eck for the following amount made		•
₩ \$35 Filing F	ee □\$43.75 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)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

AROC LOGISTIC GROUP, INC		
(Name of Corporation as curren	thy filed with the Flo	orida Dept. of State)
P18000044238		
(Document Number	of Corporation (if kn	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is <i>Florida Profit Cor</i> j	poration adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:		
NA		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	A professional corp	orporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	NA	~2
(Principal office address MUST BE A STREET ADDRESS)		
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
(·····································		——
	-	<u>_</u>
D. If amending the registered agent and/or registered office ad	lduana in Vinalda, ami	
new registered agent and/or the new registered office addre		ter the name of the
NA		
Name of New Registered Agent		
		
·	street address)	
New Registered Office Address:		, Florida NA
	(City)	(Zip Code)
Non-Desirtant Accepts Simulation if the wine Desirtant Accept	_4.	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		obligations of the position.
		tangent of me position
Signature of New	Registered Agent, if	changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SY</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1)Change	VP	REINALDO CHIRINOS	11460 SW 250TH STREET
Add			HOMESTEAD, FL 33032
X Remove			
2) Change	VP	LUIS ERNESTO OCHOA LEAL	11460 SW 250TH STREET
X Add			HOMESTEAD, FL 33032
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
	
	
	
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If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	No. of the second secon
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08/11/2020 The date of each amendment(s) adoption: if other than the date this document was signed. 08/11/2020 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 listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) 🗏 The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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 (voting group) Dated 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) (Typed or printed name of person signing)

(Title of person signing)