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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FLORIDA LOGIS	STICS EXPERTS INC				
DOCUMENT NUM	BER: P18000045773					
	s of Amendment and fee are su	ibmitted for filing.				
Please return all corre	espondence concerning this ma	itter to the following:				
	CARLOS PEREZ					
		Name of Contact Person	1			
	C PEREZ PROFESSIONAL SERVICES INC					
		Firm/ Company				
	4343 W WATERS AVE					
		Address				
	TAMPA, FL 33614					
		City/ State and Zip Cod	<u> </u>			
For further information	E-mail address: (to be use on concerning this matter, please	sed for future annual report	notification)			
CARLOS PEREZ		at (813	249-2300			
Name of Contact Person		at (813) 249-2300 Area Code & Daytime Telephone Number				
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certific ite of Status	□\$43.75 Filing Fee & Certifie! Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
	illing Address		Address			
Amendment Section		Amendment Section				
	vision of Corporations	Division of Corporations Clifton Building				
P.O. Box 6327 Taliahassee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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FLORIDA LOGISTICS EXPERTS INC

(Name of Corp	oration as currently filed with the F	lorida Dept. of State)
Pi8000045773		
(E	Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	lorida Statutes, this <i>Florida Profit Co</i>	rporation adopts the following amendment(s) to
A. If amending name, enter the new name of t	the corporation:	<i>Th.</i>
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of	"Corp," "Inc," or "Co". A professio	The new or "incorporated" or the abbreviation onal corporation name must contain the
P. Enter new principal office address, if appli	icable:	
(Principal office address MUST BE A STREET		
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	<u> </u>	
D. If amending the registered agent and/or re	egistered office address in Florida et	nter the name of the
new registered agent and/or the new regist		ACC AIC /AIMC OF CITE
Name of New Registered Agent		
Name of New Regimered Agent		
	(Classical Alleria	
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Lip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	g Registered Agent: vent - ! am familiar with and accept th	e obligations of the position
The conjunction of the conjuncti	em. Tangamia um ana accept m	
		SEP 3
-	Signature of New Registered Agent, i	
		- U
		ू <mark>ज</mark>

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>e</u>		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
1) Change	VP	_	ABELINO A GUTIERREZ	12230 CITATION RD	
Add				SPRING HILL, FL 34610	
X Remove					
2) Change		_			
Add				.	
Remove					
3) Change		 -			
Add					
Remove					
4) Change		-			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove					

Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
	
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f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
,	

	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amenament file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendmen fficient for approval.	u(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
Бу:	(voting group)	
•	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareho	lder
[] The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
(19/06/2013 Dated	· .	
Signature WM	Ly A Baes	
(By 3 d selecte	fector, president or other officer – if directors or officers have not been do by an incorporator – if in the hands of a receiver, trustee, or other content of fiduciary by that fiduciary)	
	WILLY A BAEZ CONCEPCION	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	