

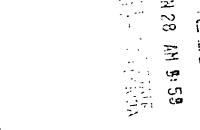
(Requestor's Name)	_			
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(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)	_			
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Fred

R. WHITE JUL 02 2018

COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: Florida Profit Corporation					
DOCUMENT NUMBER: P18000051202					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person Kamkar Legistics Inc. Fith Company					
Kan Kar Langtice Inc					
Firm/Company					
P.O. Box 12383 Address					
Address					
Jax F1, 32209 City/ State and Zip Code					
- rowser @ Univo. Com -mail address: (to be used forbiture annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (904), 334-1859 Area Code & Daytime Telephone Number					
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:					
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate Of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Street Address Amendment Section					

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment

nendment

FILED

	Articles of Inco	rporation	18 JUN 28	EG is NA	
Kamkar	Logistic	c S	\ ne !! !!		X
	ration as currently		he Florida Dej	ot. of State)	
P180000	51205	2			
	cument Number of		(if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this F	lorida Prof	it Corporation :	adopts the follo	wing amendment(s) t
A. If amending name, enter the new name of the	e corporation:				
					The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	"orp," "Inc," or "C	o". A proj	ny," or "incorp fessional corpo	porated" or the ration name m	e abbreviation ust contain the
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A					
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)	7.0 Ja	. Box 4, Fl.	1238	3
D. If amending the registered agent and/or reginew registered agent and/or the new register Name of New Registered Agent			la, enter the na	me of the	
	(Florida stree	et address)			
New Registered Office Address:				Florida	
	()	City)		e d	Zip Code)
New Registered Agent's Signature, if changing					
I hereby accept the appointment as registered ager	nt. – Lam familiar w.	ith and acce	pt the obligation	ns of the positio	m.
	Signature of New Re	gistered Ag	ent, 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 = ChiefExecutive 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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	<u> Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>v</u> 2	Anita D. Rosser	Dax, Fl. 32218
Add	V		Jax, Fl. 32218
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additi	or adding addition ional sheets, if neces	ecane) (Ro enoci	fic)			
The	re shon'	H not	be	Rny	other	owner
fren	James	Powser	of	-tick	Corpo	owner ration or
Comba	iny. T	Trank v	VOM.	Jan	nas	
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provisions	ment provides for for implementing t applicable, indicate	he amendment if i				ares,

The date of each amendment(s) ad	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file of	
	(no more than 90 days after amendment file o	date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirer partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the flicient for approval.	amendment(s)
	roved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amend	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action a	and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and sl	hareholder
Dated	mu W. Ruser	
Signature 40	new W. Kursey	
/1) /yadi	irector, president or other officer – if directors or officers h	
	1, by an incorporator – if in the hands of a receiver, trustee,	, or other court
appoint	ed fiduciary by that fiduciary)	
	James W. Rowse	<u></u>
	(Typed or printed name of person signing)	
	Owner	
	(Title of person signing)	