P19000015598

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Append.

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LOGIXX EXPRES	SS, INC		
DOCUMENT NUMBI	P19000015598			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
	Jo	ORGE A RODRIGUEZ CE	PA .	
_	Name of Contact Person			
	J A RODRIGUEZ, CPA, LLC			
		Firm/ Company	·• ·	
	14221 SW 120TH STREET, SUITE 121			
-	· 	Address		
	MIAN	MI, FL 33186		
_		City/ State and Zip Cod	e	
		jorge@jarcpa.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information JORGE A RODRIGUE	concerning this matter, pleas	305	595-1783	
Name of Contact Person		at (Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made		·	
□ \$35 Filing Fee	☐S43.75 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		Ameno Divisio Clifton 2661 E		
		2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FILED
2019 MAR -8 PM 4:0

LOGIXX EXPRESS INC

	EOOMA EM RESS INC	577 4:03
(Name of Cor	rporation as currently filed with the l	
	P19000015598	TALLAHASSEE, FI
	(Document Number of Corporation (if I	known)
Pursuant to the provisions of section 607.1006, ts Articles of Incorporation:	Florida Statutes, this Florida Profit Co	orporation adopts the following amendment(s)
A. If amending name, enter the new name o	f the corporation:	
		The new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A professi	
3. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		
		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
	- · · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or new registered agent and/or the new registered.		nter the name of the
Name of New Registered Agent		·
_	(Florida street address)	_
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changi		
hereby accept the appointment as registered of	igent. I am familiar with and accept th	he 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 = 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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	SAIDA GAMARGO	10411 SW 146 PL
X Add			MIAMI, FL 33186
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).	cles, enter change(s) here: (Be specific)
.	
	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(g not appacable, matcute wa)	
· · <u></u>	

	3-5-19	
The date of each amendment(s) ado		, if other than th
date this document was signed.		
Fife-adia- day if - N. A.	3-5-19	
Effective date <u>if applicable</u> :	(no more than 90 days after amend	dwayt file data
	(no more than 90 days after amend	imeni file aute)
Note: If the date inserted in this blo document's effective date on the Department.		ng requirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes ceient for approval.	east for the amendment(s)
	ved by the shareholders through voting groups ich voting group entitled to vote separately on	
"The number of votes cast fo	r the amendment(s) was/were sufficient for app	proval
by	(voting group)	, v
	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder ac	tion and shareholder
Dated 03-05	7-2019	
Signature C	Daws Hale Grameus	D D
(By a dire	ctor, president or other officer - if directors or	
	by an incorporator – if in the hands of a receiv	er, trustee, or other court
appointed	fiduciary by that fiduciary)	
	SAIDA GAMARGO	
_	(Typed or printed name of person sig	ning)
	SECRETARY	
-	(Title of person signing)	