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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

APR 10 2019 T SCHROEDER

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Prec	sision Customs Brokers, Inc		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment	and fee are submitted for file	ng.	
Please return all correspondence conc	erning this matter to the follo	wing:	
Mitch Helfer,	CPA		
	Name of Co	ontact Person	
Mitch Helfer, 1	PA		
-	Firm/ (	Company	
215 Romano A	ve	-	
<del></del>		dress	· · · · · · · · · · · · · · · · · · ·
Coral Gables, I	FL 33134		
<u> </u>	City/ State a	and Zip Code	
înfo@cpamiami.com			
E-mail add	dress: (to be used for future a	nnual report r	notification)
For further information concerning the		305	567-3152
Name of Contact Perso	at (	Area Cod	567-3152 le & Daytime Telephone Number
Enclosed is a check for the following			
-	Filing Fee & \$\sum \textsquare	Copy I copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	Division Clifton 2661 Ex	Address ment Section of Corporations Building secutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Precision Customs Broker, Inc						
(Name of Co.	rporation as currently	iled with the Florid	a Dept. of State	:)	<del></del> -	<del></del> -
P	19-22910	)		,		
	(Document Number of C	orporation (if known	)			
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Flo	orida Profit Corpora	tion adopts the	following ame	endment	(s) to
A. If amending name, enter the new name of	the corporation:					
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"			corporated" of orporation name	The the abbreview must contain	new ation in the	
B. Enter new principal office address, if appl (Principal office address MUST BE A STREE	licable: T ADDRESS )			<del></del>	<del></del>	
	-	· · · · · · · · · · · · · · · · · · ·	<del></del>			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>	CE BOX)					
	_			TALL.	_ 	
D. If amending the registered agent and/or re new registered agent and/or the new regist	gistered office address tered office address:	in Florida, enter the	name of the	RETARY NHASSE	MPR -2	7 =
Name of New Registered Agent		- <del>-</del>		E Pro	PH	m
				OR!		U
	(Florida street a	ddress)		——OFF	7	
New Registered Office Address:	(Ciny	1	, Florida			
	(0.0)	,		(Zip Code)		
lew Registered Agent's Signature, if changing hereby accept the appointment as registered age	Registered Agent: ent. I am familiar with t	and accept the obliga	tions of the post	tion.		
·	Signature of New Regist	ered Agent, if changi	ng			

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)

Remove

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.

X Change	PI	John D	<u>oe</u>					
X Remove	<u>v</u>	Mike J	ones					
X Add	<u>sv</u>	Sally S	<u>mith</u>					
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s			
I) Change		_				-	_	
Add							_	
Remove							_	
2) Change		<del></del>		<del></del>		TAS		
Add						– XX ECXE	19 APR	
Remove						IARY IASSE	ž -2	=
3 ) Change		_		<u>-</u>			7 PK	
Add						:- co	-	
Remove						TATE DRIDA	10	
4) Change		_					_	
Add						<del></del>	_	
Remove					-	<del>_</del>	_	
5) Change		_					-	
Add							<del>_</del>	
Remove					-		_	
6) Change		<del></del>		<del></del>			<del>-</del>	
Add							_	

(Attach additional sheets, if necessary). (Be specific)			
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		S	ARR -
(f an amendment provides for an archange and archange		RYS YR	-2
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:		170 770	3
(if not applicable, indicate N/A) cle III		SR SR	111112
		<u> </u>	100
purpose for which this corporation is organized is:	\$.		
company is empowered under its articles of incorporaiton to transact customs business as a broker.			
		_	

	March 12, 2019			.,
The date of each amendment(s date this document was signed.	) adoption:	if oth	er thai	a the
	farch 12, 2019			
Effective date <u>if applicable</u> :	ino more than 90 days after amendment file date)			
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will Department of State's records.	l not be li	isted a	s the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) a sufficient for approval.			
☐ The amendment(s) was/were must be separately provided	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 of	east for the amendment(s) was were sufficient for approval			
by	(voting group)	<u>;</u> 1		
	(voting group)	AE 3E	19	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	CRETARY OF ST LAHASSEE, FLO	19 APR -2	T
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	3.40 X		LILE
March Dated	12, 2019	STATE ORIDA	PM 11+2+	
Signature <b>/</b>	Make fall to	, —		
(By sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court sointed fiduciary by that tiduciary)			
	Nelson Cadavid			
	(Typed or printed name of person signing)		_	
	President			
	(Title of person signing)			