P10000001811

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

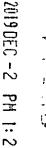


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JAN (1)

2019 DEC -2 PM 1:29



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: DYD LOGISTICS | INC | |
|--------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| DOCUMENT NUME | D10000051011 | | · |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | pondence concerning this ma | tter to the following: | |
| | FARAH CRUZ | | |
| | | Name of Contact Perso | TI |
| | FAIL SAFE ACCOUNTING | i, LLC | |
| | | Firm/ Company | |
| | 20 S ROSE AVE. STE 4 | | |
| | • | Address | <u></u> |
| | KISSIMMEE, FL 34741 | | |
| | | City/ State and Zip Cod | e |
| INFO | @FAILSAFETAX.COM | | |
| | - | sed for future annual report | notification |
| | | ou to turno unitual report | . Institution, |
| For further information | concerning this matter, pleas | se call: | |
| Farah Cruz | | at (_407 | 201-7988 |
| Name o | f Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | the following amount made | payable to the Florida Dep | artment of State: |
| S35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Ame Divi P.O. | ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314 | Amen Division The C 2415 | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |

Articles of Amendment to Articles of Incorporation of

| 133 | 01 | 1 | L | ŕì | C | 151 | ľ | CS | INT | r |
|-----|----|----------|---|----|-----|-----|---|----|-----|----|
| 1 1 | 1 | | | | s r | 1.3 | | | 111 | ι. |

| (<u>Name o</u> | f Corporation as current | ly filed with the Florida Dept. of State) | | | |
|--------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|--------------|-------------|-----------|
| P19000051811 | | | | | |
| | (Document Number o | of Corporation (if known) | | | |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | 1006, Florida Statutes, this | Florida Profit Corporation adopts the following | owing ame | ndmen | t(s) to |
| A. If amending name, enter the new na | me of the corporation: | | | | |
| | ale constitution and a second second second | company," or "incorporated" or the abbre | The | new | |
| | orp, "Inc," or Co" | A professional corporation name must co | | | |
| B. Enter new principal office address, (Principal office address MUST BE A S | | | | | |
| | | | • ; |)(| |
| | | | , , |]64 | |
| C. Enter new mailing address, if appli (Mailing address MAY BE A POST) | <u>cable:</u> OFFICE BOX) | | | DEC 9 | |
| | ······································ | | . + | -2 | |
| | | | 579 | PH | : 1 |
| | | | | | , 1211 |
| D. If amending the registered agent an new registered agent and/or the new | | | tm:1 | 29 | |
| Name of New Registered Agent | FAIL SAFE ACCOUNTI | NG, LLC | | | |
| | 20 S. ROSE AVE. SUITE | . 4 | | | |
| | (Florida sti | reet address) | | | |
| New Registered Office Address: | KISSIMMEE | , Florida 347 | 41 | | |
| res registered (fiftee ridgress). | | tCity) | (Zip Code) | | |
| | | (Chy) | ezip (otte) | | |
| Name Danistania I American Simurania (f. 1) | hannian Danistanut tana | | | | |
| New Registered Agent's Signature, if cl I hereby accept the appointment as regist | nanging Registered Ageni ered agent. I am familiar | <u>n</u> with and accept the obligations of the posit | ion. | | |
| | | | | | |
| | | 10 | | | |
| | Signature of Nove 1 | h (rug 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 | |
|---------------------------------------------------|----------------------------------|------------------------------------------------------------------|-----------------------|
| \underline{X} Remove | \underline{V} | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | VP | JURAĐO, YASCHIRA M | 13232 EMERALD COVE DR |
| Add | | | APT 204 |
| X Remove | | | ORLANDO, FL 32824 |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |
| | | Page 2 of 4 | |
| E. If amending or addir (Attach additional she | i <u>e</u> additi ets, if nec | ional Articles, enter change(s) here: cessary). (Be specific) | |

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| provisions for implementing the amendmen (if not applicable, indicate NA) | | |
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| | Page 3 of 4 | |
| | | |
| he date of each amendment(s) adoption: ate this document was signed. | | , if other than |
| • | | |
| ffective date <u>if applicable</u> : | 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) | (<u>CHECK ONE</u>) | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------|
| ■ The amendment(s) was/were ado by the shareholders was/were su | • | nber of votes cast for the amendment(s) |
| | roved by the shareholders through each voting group entitled to vote. | voting groups. The following statement separately on the amendment(s): |
| "The number of votes cast | or the amendment(s) was/were su | ficient for approval |
| by | (voting group) | ·`` |
| | (voting group) | |
| ☐ The amendment(s) was/were ado action was not required. | oted by the board of directors with | out shareholder action and shareholder |
| ☐ The amendment(s) was/were ado action was not required. | pted by the incorporators without s | hareholder action and shareholder |
| Dated | | _ |
| Signature(By a di | gard A Rosado ector, president or other officer - | if directors or officers have not been |
| selected | , by an incorporator – if in the han ed fiduciary by that fiduciary) | ds of a receiver, trustee, or other court |
| | Edgard A Rosado | |
| • | (Typed or printed name | of person signing) |
| | President | |
| | Title of person signing) | |