## P19000081107

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: EC LOGISTICS	S CORP		
	MBER:P19000081107			
The enclosed Articl	les of Amendment and fee are	submitted for filing.		
Please return all co	rrespondence concerning this i	matter to the following:		
	OLGA HERNANDEZ			
		Name of Contact Person	1	
		Firm/ Company	· <u> </u>	
	9010 SW 137 AVE SUITI	E 205		
Address				
	MIAMI, FL 33186			
City/ State and Zip Code				
	OLGA@ITAXPROFESSI	IONAL.COM		
	E-mail address: (to be	used for future annual report	notification)	
For further informa	tion concerning this matter, pl	lease call:		
OLGA HERNANI	DEZ	at ( 786		
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	de payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee &	& □\$43.75 Filing Fee &	□\$52.50 Filing Fee	

Certified Copy

enclosed)

(Additional copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

SUPERARY OF STATE

SUPERARY OF STATE

CORPORATION

ON FIRE -5. AMIL: 38

## Articles of Amendment to Articles of Incorporation of

EC LOGISTICS CORP		
(Name of Corporation as currently filed with the Florida Dept. o	f State)	
P190xxxx1107		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adoptits Articles of Incorporation;	ts the following a	imendment(s) t
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation nam "chartered," "professional association," or the abbreviation "P,A,"	the abbreviation	The new "Corp.," the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
	<del></del> _	
C. Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)		
<del>-</del>		
		<u>-</u> 770
D. If amending the registered agent and/or registered office address in Florida, enter the name	of the	
new registered agent and/or the new registered office address:		同一造
Name of New Registered Agent		년 <u>기원</u> 는
(Florida street address)		수 등의
New Registered Office Address:	L. ata	See 즐겁
New Registered Office Address. (City)	lorida <u>(Ζip Coc</u>	<u> </u>
	·	.,,
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of	the position.	
Signature of New Registered Agent, if changing		
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.		

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.

Evample: X_Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	S	SABA SALOMON, SAID A	4851 NW 79TH AVE UNIT 4
A Add			MIAMI, FL 33166
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional shee	ig additional Art ets, if necessary).	(Be specific)				
			<del></del>		<u>-</u>	
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		<u>-</u>				
			·-			
f an amendment pro provisions for imple	vides for an exe	hange, reclassi endment if not	fication, or car	ncellation of iss he amendment	ued shares, itself:	
(if not applicable	z, indicate N/A)					
		<del></del> -				
	_					
	<u> </u>					

•	02/05/2020	
The date of each amendment(s)	adoption:	, if other that
date this document was signed.		
Effective date if applicable:	2/05/2020	
enceuse date <u>it applicable</u> .	(no more than 90	days after amendment file date)
Note: If the date inserted in this document's effective date on the		able statutory tiling requirements, this date will not be listed
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a action was not required.	idopted by the incorporators, or bo	oard of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were		number of votes cast for the amendment(s)
		ugh voting groups. The following statement of separately on the amendment(s):
"The number of votes co	ast for the amendment(s) was/were	e sufficient for approval
by		<u>,</u> ,
	(voting group)	<del></del>
02/05/20	20	
Dated		
Signature (	gio Mazzotti	
(By a selec	director, president or other office sted, by an incorporator – if in the inted fiduciary by that fiduciary)	er – if directors or officers have not been hands of a receiver, trustee, or other court
	SERGIO MAZZOTTI	
	(Typed or printed na	ame of person signing)
	PRESIDENT	
	(Title of person sign	ning)