P20000014266

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COI	RPORATION: MATY LOGISTIC	CS CORP	
DOCUMENT N	NUMBER: P20000014266		
	ticles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	itter to the following:	
	ALAN MARTINEZ		
	SIMPLEX GROUP	Name of Contact Person	
		Firm/ Company	
	7500 NW 52ND ST STE 100)	
		Address	<u> </u>
	MIAMI, FL 33166		
		City/ State and Zip Code	:
	processingpermits@simplex	group.net	
	E-mail address: (to be u	sed for future annual report	notification)
	mation concerning this matter, plea		599-8287
	Name of Contact Person	at (305) 599-8287 de & Daytime Telephone Number
·	eck for the following amount made	Alta Col	
\$35 Filing F	Fee \$43.75 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	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to

Articles of Incorporation

	Articles of Inc	corporation	•	
	of		4020	
MATY LOGISTICS CORP			Zuzu - 4 - 11 CS	
(Name o	Corporation as current	v filed with the Flo	rida Dent. of State)	
20000014266				
	(Document Number o	of Corporation (if kn	nwn)	
Pursuant to the provisions of section 607. Is Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corp	oration adopts the following amendmen	
. If amending name, enter the new na	ame of the corporation:			
			The new	
ame must he distinguishable and contain Inc " or Co.," or the designation "C	Corp," "Inc," or "Co"	A professional corp	porated" or the abbreviation "Corp.,"	
"chartered," "professional association," or the abbreviation "P.A. B. Enter new principal office address, if applicable:			ND BLVD APT 157	
Principal office address MUST BE A S	TREET ADDRESS)	JACKSONVILLE, FL 32277-2746		
				
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)		3400 TOWNSEND BLVD APT 157		
		JACKSONVILLE, FL 32277-2746		
). If amending the registered agent ar			er the name of the	
new registered agent and/or the ne				
Name of New Registered Agent	ALAIN CARBONELL G			
	3400 TOWNSEND BLV	D APT 157		
	(Florida st	reet aaaress)		
New Registered Office Address:	(Florida st.	reet aaaress)	Florida 32277-2746	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Articles of Amendment to Articles of Incorporation of

MATY LOGISTICS CORP

(Name o	of Corporation as curre	ntly	filed with the Florida Dept. of State)		
P20000014266					
	(Document Numbe	r of (Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	nis <i>Fl</i>	forida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new na	ame of the corporation:		The new		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co".	A	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word		
B. Enter new principal office address,			3400 TOWNSEND BLVD APT 157		
(Principal office address MUST BE A S			JACKSONVILLE, FL 32277-2746		
C. Enter new mailing address, if appli	icable:	1	3400 TOWNSEND BLVD APT 157		
(Mailing address MAY BE A POST OFFICE BOX)			JACKSONVILLE, FL 32277-2746		
D. If amending the registered agent an			ss in Florida, enter the name of the		
new registered agent and/or the new	ALAIN CARBONELL		RCIA		
Name of New Registered Agent	3400 TOWNSEND BL	.VD	APT 157		
	(Florida	stree	st address)		
New Registered Office Address:	JACKSONVILLE		, Florida		
		(0	City) (Zip Code)		
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Ag wered agent. I am famili	ent: ar wi	th and accept the obligations of the position.		
	Signature of Nev	w Reg	gistered 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.

Example: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	GOMEZ, MARIA T	878W 79TH ST
Add			HIALEAH, FL 33014
X Remove			
2) Change	VP	GOMEZ, MARIA T	878W 79TH ST
Add			HIALEAH, FL 33014
X Remove 3) Change	Р	CARBONELL GARCIA, ALAIN	
X Add			3400 TOWNSEND BLVD APT 157
Remove			JACKSONVILLE, FL 32277-2746
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	g additional Articles, of necessary). (Be	specific)				
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an amandment pro	vides for an evokense	. reclassificatio	n or concellatio	n of issued that	rne	
an amenument pro	vides for an exchange menting the amendme	ent if not contain	ined in the amer	ndment itself:	<u> </u>	
(if not applicable	, indicate N/A)					
.	 _					
			- <u></u>			
					 	
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		4/27/2020	16 -k 4k 1
		ment(s) adoption:	, if other than th
date this docum	nent was si	gned.	
Effective date	if applicab	ile:	
		(no more than 90 days after amendment file date)	
		I in this block does not meet the applicable statutory filing requirements, this dat on the Department of State's records.	e will not be listed as th
Adoption of A	mendment	(s) (CHECK ONE)	
The amenda action was n		/were adopted by the incorporators, or board of directors without shareholder actio	n and shareholder
☐ The amendn by the share	nent(s) was sholders wa	/were adopted by the shareholders. The number of votes cast for the amendment(sis/were sufficient for approval.)
		were approved by the shareholders through voting groups. The following stateme vided for each voting group entitled to vote separately on the amendment(s):	nt
"The n	umber of v	otes cast for the amendment(s) was/were sufficient for approval	
by			
		(voting group)	
		VOT 10000	
	Dated	4/27/2020	
	Signature		
		(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	:
		Typed or printed name of person signing)	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	