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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	N: BL TRADE LOGI	STIC & SUPPLY CORP			
DOCUMENT NUMBER: _					
The enclosed Articles of Ame		bmitted for filing.			
Please return all corresponden	ce concerning this ma	tter to the following:			
LEON	ARDO FIGUEIREDO)			
		Name of Contact Person	on		
SOLU'	TION ADVISING LL	C			
		Firm/ Company			
5728 N	5728 MAJOR BLVD SUITE 609				
		Address			
ORLA	NDO FL 32819				
		City/ State and Zip Co	de		
INFO@SOL	UTIONADVISING.C	OM			
-		sed for future annual repor	t notification)		
For further information concer	rning this matter, pleas	e call:			
LEONARDO FIGUEIREDO		at (ode & Daytime Telephone Number		
Name of Conta	ict Person	Area C	ode & Daytime Telephone Number		
Enclosed is a check for the fol	lowing amount made p	payable to the Florida Dep	partment of State:		
	\$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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

BL TRADE LOGISTIC & SUPPLY CORP

2020 C 115 AMH: 54

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P20000027877	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or vord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
3. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>
hereby accept the appointment as registered agent. I am familiar	
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)

_ Remove

Please note the officer director title by the first letter of the office title.

 $P \neq President; V \land Vice President; T \land Treasurer; S \land Secretary; D \land Director; TR \land Trustee; C \land Chairman or Clerk, CEO \cdot Chief Executive Officer, CFO \cdot Chief Financial Officer \cdot If an officer director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD$

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
L) Change	Р	BRENDA LEMES	4654 S KIRKMAN RD
Add X Remove			ORLANDO, FL 32811
2) Change	þ	Nathan dos Santos C. Malavazi	4654 S KIRKMAN RD
X Add			ORLANDO, FL 32811
Remove			
3) Change			
Add			· .
Remove			
4) Change			
Add			
Remove			
Change			
Add			
Remove			
6) Change			
Add			

much mannional	dding additional A sheets, if necessary	r. – (Be specifi	C)			
						
						
						
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				-		
<u>f an amendment</u>	provides for an ev	vehange, reclas	ssification, or o	cancellation of	issued shares,	
provisions for in	nplementing the are vable, indicate N A)	<u>mendment if n</u>	ot contained ir	<u>the amendme</u>	nt itself:	
(i) nin appine	ame, marcare is 20					
						
			· · · · · · · · · · · · · · · · · · ·			
						
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : tuo more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☑ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	lment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following some state of the separately provided for each voting group entitled to vote separately on the amendments	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shar action was not required.	reholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehol action was not required.	der
6/4/2020 Dated	
Signature	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary by that fiduciary.	
4184883420-423	
(Typed or printed name of person signing)	
BRENDA LEHES	
(Title of person signing)	