P20000059634

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Go Logistics Ocala	a, Inc.
DOCUMENT NUMBER: P20000059634	·
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Yogesh Kumar	
	Name of Contact Person
Go Logistics Ocala, Inc	. ·
	Firm/ Company
5829 Grand National Drive	
	Address
Orlando, Florida 32819	
	City/ State and Zip Code
ya09@live.com	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, pleas	e call:
Eric Frommer	217-0032
Name of Contact Person	at (321) 217-0032 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Go Logistics Ocala, Inc. (Name of Corporation as cui	rrently filed with the Florida Dept. of State)
P20000059634	
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
	The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "	on," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	- 7
C. Enter new mailing address, if applicable:	. ' .
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	:
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office add	
Name of New Registered Agent	
(Flori	da street address)
N D 1 100 111	Tot. 1.
New Registered Office Address:	(City), Florida
	, ,
New Registered Agent's Signature, if changing Registered A	gent:
hereby accept the appointment as registered agent. I am fami	iliar with and accept the obligations of the position.
Signature of No	lew Registered Agent, if changing
Theatrif ampliaghts	
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 ((11) (e) FS

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)

Example:

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 <math>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	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Saily	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Managei	Nora Jain	5829 Grand National Drive
x Add			Orlando, Florida 32819
Remove			<u></u>
2) Change	Manager	Krishana Aggarwal	5829 Grand National Drive
xAdd			Orlando, Florida 32819
Remove 3) Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
, S Add		<u> </u>	
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
Title I dad monat sheets, if heecessa, y).	(200)
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	,

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment fficient for approval.	(s)
	roved by the shareholders through voting groups. The following staten each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,,,	
	(voting group)	
selec te c	rector, president of other officer – if directors or officers have not been they an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	 л
	Yogesh Kumar	
	(Typed or printed name of person signing)	
	DPTS	
•	(Title of person signing)	