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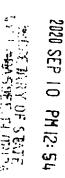
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OCT 21 2020 M. SOLOMON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: NAN LOGISTIC	28 INC			
DOCUMENT NU	MBER: P20000064849.				
The enclosed Articl	es of Amendment and fee are:	submitted for filing.			
	respondence concerning this n	-			
	NAIYU ANDRES NIEVES	3			
	NAN LOGISTICS INC	Name of Contact Perso	on		
	13917 SW 26TH TERRACI	Firm/ Company			2020 SEP
	MIAMI, FLORIDA 33175	Address			EP 10
		City/ State and Zip Coo	le	1, 1 , 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	PH 12: 54
_		iyuandres@yahoo.com			Ω. ιΣ
	E-mail address:	(to be used for future annu-	al report notification)		*
For further informati	on concerning this matter, plea	use call:			
NAIYU ANDRES N		at (³⁰⁵	300-5417		
Name of Contact Person		Area Co	de & Daytime Telephone Number	_	
Enclosed is a check f	or 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)		
Mailing Ado Amendment Division of C P.O. Box 632 Tallahassee.	Section : Corporations 27	Divisio The Ce 2415 N	ment Section n of Corporations atre of Tallahassee . Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of

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fa Dept. of State)	
a Debt. of State)	
own)	
poration adopts the following amendment(s) to	o its Articles of
The any," or "incorporated" or the abbreviation " fessional corporation name must contain the	he new 'Corp., " he word
0600 SW 185 TERRACE	
IAMI, FL 33157	
	2020 SEP 10 PM 12: 5
r Florida, enter the name of the	25. 24 5: 25.
AMI, FL 33175	
AMI, FL 33175 ddress) AMI,, Florida 33175	
	The state of the following amendment(s) to the abbreviation of the abbreviation of the state of

Signature of New Registered Agent, if hanging

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 = Chairmon or Clerk; CEO = ChiefExecutive 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 Doc PT as hange, Mike Jones. V as Remove, and Sally Smith. SV as an Add.

Example: X_Change	РТ	John Doe	
X Remove	<u>V</u>	Mike Jones	
\underline{X} Add	<u>8V</u>	Sally Smith	트O PS
Type of Action (Check One)	Title	Name	Address 및 제
1) Change	1,	NAIYU NIEVES	13917 SW 26TH TERRACE
Add			MIAMI, FL 33175
X Remove			
2) Change		NAIYU ANDRES NIEVES	13917 SW 26TH TERRACE
XAdd			MIAMI, FL 33175
Remove 3) Change			
Add			
X Remove			
4) Change	VP	NAIYU NIEVES	13917 SW 26TH TERRACE
Add			MIAMI FL 33175
Remove			
5) Change	***************************************	NAIYU ANDRES NIEVES	13917 SW 26TH TERRACE
X Add			MIAMI FL 33175
Remove			
ර) Change			
Add		•	
Remove			

Page 2 of 6

The general and/or specific public beneffollows (optional):	t(s) to be created by the corpora			
				7020 S
			S September 1	SEP
The additional qualifications of Benefit I	Director(s), if any, are as follows	::	47	<u></u>
			_न "श	
			23. 33. 33.	_ വ _ വ
The name(s) and address(es) of the Bene Name and Title:	it Director(s) and/or Benefit Of Name and			
Address:				
				_
	(Include attachment if necessar	y)		
The corporation, in accordance with the r Corporation in accordance with s. 607.60	equired minimum status vote, te 5, F.S. The revised purpose for v	rminates its status as a F which the corporation is o	orida Profit Bene organized is as fo	rfit Hows

is:			
The public benefit for which	the comment		
		ration (in addition to the above) is/are	
The additional qualifications	of Benefit Director(s), if a	ny, are as follows;	
			3 - 0
			T
Name and Title:	or the Benefit Director(s) a	nd/or Benefit Officer(s), if any: Name and Title:	∜'' ĕ r
Address:		Address:	, , , , , , , , , , , , , , , , , , , ,
		Address:	
	(Include attach	ment if necessary)	····
The corporation, in accordance	consists the required minimum	• • • • • • • • • • • • • • • • • • • •	
Corporation in accordance wi	th s. 607.505, F.S. The revi	im status vote, terminates its status as sed purpose for which the corporation	a Florida Profit Soe: is organized is as fo
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an amer	idment provi	<u>des for an ex</u>	<u>ychang</u>	e, reclassifi	ication, o	r cancell	ation of i	ssued sha	res,	
(if not	s for impleme applicable, i	idicale MAA	nendm	<u>ent ii not e</u>	<u>ontained</u>	in the ar	<u>nendmen</u>	t itself:		
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date this document was signed	nt(s) adoption:	if e	ther the	in the
Effective date if applicable:				
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/we by the shareholders was/v	the adopted by the shareholders. The number of votes east for the amendment(s) vere sufficient for approval.			
☐ The amendment(s) was/we must be separately provid	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):			
"The number of vote	es cast for the amendment(s) was were sufficient for approval			
by	••			
	(voting group)		202	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder action by the incorporators without shareholder action and shareholder	THERE OF SI	2020 SEP 10 PM 12: 5	てにたり
Dated	9-2-200		8. 8.	
Signature(B	By a director, president or other officer – if directors or officers have not been			
,,,	elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)			
	(Types or printed name of person signing)			
	Prix west.			
	(Title of person signing)			