

# P20000071881

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H22000004105 3)))



H220000041053ABCO

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
REGISTRATION SECTION  
TALLAHASSEE, FL

2022 JAN -4 PM 2:31

From: TAX S PRO CORP  
To: Division of Corporations  
Fax Number : (850)617-6380

Account Name : TAX S PRO CORP  
Account Number : I20200000147  
Phone : (786)307-2733  
Fax Number : (954)420-7118

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: INFO@TAXSPRO.COM

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
CRR LOGISTICS CORP**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2022 JAN -4 AM 8:54

FILED

COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** CRR LOGISTICS CORP

**DOCUMENT NUMBER:** P20000071881

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANWAR I PUELLO

Name of Contact Person

TAX S PRO CORP

Firm/ Company

8030 PINES BLVD

Address

PEMBROKE PINES, FLORIDA 33024

City/ State and Zip Code

INFO@TAXSPRO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANWAR I PUELLO

at ( 786 ) 307-2733

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

<input checked="" type="checkbox"/> \$35 Filing Fee	<input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$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**

CRR LOGISTICS CORP

**(Name of Corporation as currently filed with the Florida Dept. of State)**

P20000071881

**(Document Number of Corporation (if known))**

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

---



---



---

**C. 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 in Florida, enter the name of the new registered agent and/or the new registered office address:**

**Name of New Registered Agent:** \_\_\_\_\_

\_\_\_\_\_ **(Florida street address)**

**New Registered Office Address:** \_\_\_\_\_, Florida \_\_\_\_\_  
**(City)** \_\_\_\_\_ **(Zip Code)** \_\_\_\_\_

**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.

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2022 JAN -4 AM 8:54

FILED

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 PTD 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:

Change      PT      John Doe

Remove      V      Mike Jones

Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	VP	PHILISME PIERRE ERICK	6360 SW 10TH CT N LAUDERDALE, FL 33068
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	VP	CASTILLO RAMON A	1411 SW 82 TERR POMPANO BEACH, FL 33068
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	S	CASTILLO RAMON A	1411 SW 82 TERR POMPANO BEACH, FL 33068
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself.**

*(if not applicable, indicate N/A)*

01/04/2022

**The date of each amendment(s) adoption:** \_\_\_\_\_, 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s)** **(CHECK ONE)**

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)

01/04/2022  
Dated \_\_\_\_\_

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)

RAYMI P POLANCO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

2022 JAN -4 AM 8:54  
SHERIFF'S OFFICE OF STATE  
TALLAHASSEE, FLORIDA  
VS

FILED