P2C000094659

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

, ,

name of corporation: Tripple M Logistics, Corporation DOCUMENT NUMBER: P2000094659				
DOCUMENT NUMBER: <u>P &00000999999</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Michegyin L. Brown Name of Contact Person Tripple M Logistics, Corporation Firm/Company				
Firm/ Company				
261 N.E. 34th Street				
Oahland Parh, Florida 33334 City/ State and Zip Code				
tripole milastic Damail. Com. Email address. (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Michelyvin b. Brown at (45H) 548-6447 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:				
\$35 Filing Fee				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to **Articles of Incorporation**

Triple M boaistics, Comporation	6
Tripple M Logistics, Copporation (Name of Corporation as currently filed with the Florida Dept. of State	(e)
P80000094659	2
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	following amendment(
A. If amending name, enter the new name of the corporation:	
Not Applicable	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ai "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name mu "chartered," "professional association," or the abbreviation "P.A."	bbreviation "Corp.," st contain the word
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	le
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Qual N.E. 34th Gty Oakland Parh, Flori D. If amending the registered agent and/or registered office address in Florida, enter the name of the	da 33334
new registered agent and/or the new registered office address:	<u>L</u>
Name of New Registered Agent Michael BROWN	
8611 NW S370 STREET (Florida street address) New Registered Office Address: LAUDEN (City) (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 particular of New Registered Agent, if changing	position.

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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	<u>PT</u>	John Doe	i.		
X Remove	<u>v</u>	Mike Jon	<u>es</u>		
_X Add	<u>sv</u>	Sally Smi	<u>ith</u>		
Type of Action (Check One)	<u>Title</u>]	<u>Name</u>	1	<u>Addres</u> s
1) Change	<u> </u>			NIA	
Add					
Remove					
2) Change				· · · · · · · · · · · · · · · · · · ·	
Add					
Remove 3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		 -			
Add					
Remove					
6) Change		 -			
Add					
Remove					

(Attach	ding or adding additional Artical additional sheets, if necessary).	s, enter change(s) here: Be specific)	
	Applicable		
IACT_	<u> </u>		
 			
•			
			
			
lf an ar	nendment provides for an excha	ige, reclassification, or cancellation of issued shares,	
provis	ions for implementing the amen (not applicable, indicate N/A)	ment if not contained in the amendment itself:	
-	· · · · · · · · · · · · · · · · · · ·		
10T	Applicable		

The date of each amendment(s) adoption: Not Applicable , if other than the
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 Not Applicable "
Dated September 30, 2021 Signature Minty R
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)
(Title of person signing)