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(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ldress)	·
(Cit	ty/State/Zip/Phon	e #)
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08/10/21--01015--008 **35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

P216060 256 3 7

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

Please return all correspondence concerning this matter to the following:

| Tounc. Badda|
| Name of Contact Person
| Tyc. Legistics Tacc
| Firm/ Company
| 1761 3 150 th PL
| Address
| Miarm. FL 33155
| City/ State and Zip Code
| Tyn Legistics Tacc
|

For further information concerning this matter, please call:

Name of Contact Person at (305), 345 - 7482

Area Code & Daytime Telephone Number

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

\$35 Filing Fee

□\$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 to Articles of Incorporation

οľ

JYIL Logistics I	· (
(Name of Corporation as current)	ly filed with the Florida Dept. of State)	
721000025	637	
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	g amendment(s) t
A. If amending name, enter the new name of the corporation:		
1) /A		The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must c	obreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NIA	
(Frincipal office dadress <u>atom BEA STREET ATOMESS</u>)		
C. Enter new mailing address, if applicable:) . N	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	NIA	
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the	
new registered agent and/or the new registered office address	<u>s:</u>	
Name of New Registered Agent // A		-
		-
. : 4	rvet address)	
New Registered Office Address: U / A	, Florida	 Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		202
		<u> </u>
υ/A		2021 AUS 10
Signature of New 1	Registered Agent, if changing	. 0 P: :

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	PT John Doe		
X Remove	<u>V</u> <u>Mike Jones</u>		
X Add	<u>SV</u> <u>Sally Smith</u>		
Type of Action (Check One)	<u>Title</u> <u>Name</u>		Address
1) Change	UP Yus	her Genzalez	710 NW 109 Ave AP+101
Add 'Z Remove			Migni FL 33172
2) Add	<u>V12</u> 2	chard Martiner	5204 SW 102 (04++ Miami FL 33165
Remove 3.) Change Add			
Remove 4) Change Add			
Remove 5)ChangeAdd			
Remove 6) Change			
Add			

(Attach ada	ditional sheets, if ne	ional Articles, enter cl cessary). (Be specific	·)		
MA					
	 				
	<u> </u>				
					
					
		18-1			
If an amer provision	<u>ndment provides fo</u> 18 for implementing	or an exchange, reclass g the amendment if no	sification, or cancella t contained in the an	tion of issued shares, tendment itself:	
(if no	st applicable, indica	te N/A)			
N	Ai				
			4,-		
					

The date of each amendment(s) adoption: August 5, 2021 date this document was signed.	, if other than the
Effective date if applicable: Agest 5, 202 (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 wil document's effective date on the Department of State's records.	I 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 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	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated $ 3 5 21 $	2021 Alic I n
	<u> </u>
(By a director, prosident 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)	.
Jaime Badui	
(Typed or printed name of person signing)	
Prosident	
(Title of person signing)	