P2100026576

(Re	questor's Name)			
bA)	dress)			
	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer.				

Office Use Only

524-544-



500387225215

05/05/32--01008--007 **35.00

TALLAHASSEE, FLORIDA

2022 HAY -9 AH 8: 1

RECEIVED

of 5/10/2022

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	_	
ESBR LOGISTICS	INC	
		
		Art of Inc. File
	· · · · · · · · · · · · · · · · · · ·	LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signatura		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: SETH		UCC 1 or 3 File
		UCC 11 Search
Name	Date Tim	UCC II Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ESBR LOGISTICS, INC DOCUMENT NUMBER: P21000026576 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KAROLL FERNANDEZ OTERO Name of Contact Person **ESBR LOGISTICS, INC.** Firm/ Company 1431 SIMPSON RD #173 Address KISSIMMEE, FL 34744 City/ State and Zip Code RDASERVICES16@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KAROLL FERNANDEZ OTERO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S52.50 Filing Fee **□\$43.75** Filing Fee & []\$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) 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

Tallahassec, FL 32303

May 6, 2022

CAPTIAL CONNECTION, INC.

SUBJECT: ESBR LOGISTICS INC Ref. Number: P21000026576

We have received your document for ESBR LOGISTICS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete Florida street address for the registered agent.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 222A00010474

FLED

Articles of Amendment Articles of Incorporation

2022 HAY -9 AM 8: 46

of SEC.... STATE (Name of Corporation as currently filed with the Florida Dept. of State) ESBR LOGISTICS, INC P21000026576 (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: 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 wend "chartered." "professional association," or the abbreviation "P.A.". 5245 W IRLO BRONSON MEMORIAL HWY. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) I TIYJ KISSIMMEE, FL 34746 5245 W IRLO BRONSON MEMORIAL HWY. C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) UNIT#1 KISSIMMEE, FL 34746 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: KAROLL FERNANDEZ OTERO Name of New Registered Agent (Florida street address) 5245 W IRLO BRONSON MEMORIAL HWY UNIT 1 Florida 14746

17 17 17 17 Codes 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 gnature of New Registered Agent, if changing

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)

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 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 Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

Attac (A	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
_	
_	
_	
	
If an prov	nendment provides for an exchange, reclassification, or cancellation of issued shares, ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)
	· · · · · · · · · · · · · · · · · · ·
<u> </u>	

. .

	05/02/2022 if other	than the
	03/02/2020	
The date of each amendment(s) adoption: date this document was signed.		
Effective date if apolicable:	(no nure than 90 days ofter amendment file date)	. 1
	Cline permisements, this date will not be lis-	ted as the
	es not incer the applicable statutory fitting requirements	
document's effective date of the	es not incer the applicable statutory filing requirements, this date will not be list at of State's records.	
	(CHECK ONE)	h
Adoption of Amendment(s)	to the same without shareholder action and sharehold	let
	the incorporators, or board of directors without shareholder action and sharehold	
The amendment(s) was		
action was not required.	y the shareholders. The number of votes east for the amendment(s) is for approval.	
Leaded mastwere adopted b	y the shareholders. The number of colored	
The amenument(s) was swere sufficient	n for approval.	
and and the series and the series approved	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendmentist:	
The amendments provided for each	voting group entitled to vote separately on the	
musi ne separatety province		
other number of votes cast for the	e unrendment(s) wastwere sufficient for approval	
THE HUILINGS OF	·	
by	(voing group)	
	A	
Dated	tel Ino	
Signature By a direc	for, president or ther officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or officer court of the fideriary.	
11 h	an incorporator - it in the	
appointed	GARCEITY by that novement	
	Karel Fernandez Ctere (Typed or printed name of person signing)	
	(Typed or printed name of person signify)	
	Violidat	
_	(Title of person signing)	
	(1 mc at become signing)	