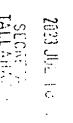
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(F	Requestor's Name)	-
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(<i>F</i>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	f Status
Special Instructions to Fi	iling Officer:	
J. HORNE		
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Office Use Only



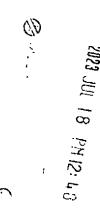
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07/18/23--01001--028 **30.00

07/19/23--01001--002 **5.00



COVER LETTER

Division of Corporations Logistics, Inc NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kenya Kirklank at (323) 836-4507
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: S35 Filing Fee 343.75 Filing Fee & ☐\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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 Articles of Incorporation the Florida (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 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) 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.

. 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>	Mike Jones	
_X Add	_ <u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change	7.00		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ets, if necessary).	(Be specific)			
					
 					
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f an amendment pro	ovides for an exch	iange, reclassific	ation, or cancell	ation of issued sh	ares,
provisions for imple (if not applicable	menting the ame	ndment it not co	ntained in the ar	<u>nendment itself:</u>	
	s, mateure (var)				
у ногиррисави					
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The date of each amendment(s) a	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file da	nte)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirempartment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shar	eholder action and shareholder
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the afficient for approval.	amendment(s)
☐ The amendment(s) was/were approvided for	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amenda	wing statement nent(s);
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,,	
<u> </u>	(voting group)	
Dated	07/18/2023 V 11:00	
Signature	Mayor Kintland	
(By a G selecter	d, by an incorporator – if in the hands of a receiver, trustee.	ve not been
appoin	ed fiduciary by that fiduciary)	out court
	Kenya Kirkland	
•	(Typed or printed name of person signing)	
	(60)	
	(Title of person signing)	