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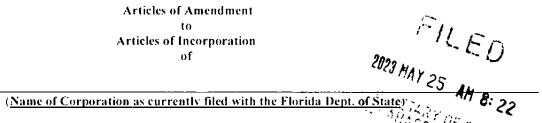
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Fast Trax Logistics	s, INC		
DOCUMENT NUM	IBER: P21000032512			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Isabelle Anestal			
		Name of Contact Person		
		Firm/ Company		
	6295 W Sample RD #670401	I		
	Address			
	Coral Springs FL, 33067			
		City/ State and Zip Code	e	
	msanestal@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Isabelle Anestal		954 at (740-2881	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment



Fast Trax Logistics, INC

P21000032512

nt(s) to

	(Document Number of Corporation (if known)	الله الله الله الله الله الله الله الله
Pursuant to the provisions of section 607.19 its Articles of Incorporation:	006, Florida Statutes, this <i>Florida Profit Corporation</i> ado	pts the following amendmen
A. If amending name, enter the new nar	me of the corporation:	
		The new
name must be distinguishable and contain t "Inc.," or Co.," or the designation "Co "chartered," "professional association," o	he word "corporation," "company," or "incorporated" or rp," "Inc," or "Co". A professional corporation naw or the abbreviation "P.A."	rthe abbreviation "Corp.,"
B. Enter new principal office address, if (Principal office address <u>MUST BE A ST</u>		
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent	l/or registered office address in Florida, enter the name registered office address:	of the
-	(Florida street address)	
N D C LOW ALL		(4)
New Registered Office Address: _	(City)	Florida(Zip Code)
New Registered Agent's Signature, if chall thereby accept the appointment as register	anging Registered Agent: red agent. I am familiar with and accept the obligations o	of the position.
	Signature of New Registered Agent, if changing	
	мунише ој мем коуметса муст, у спануту	

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	<u>PT</u>	John Doe	
_			
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Schneider Dameus	2164 Scrub Jay Road
Add			Apopka, FL 32703
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

Attach addition	adding additional Art d sheets, if necessary).	(Be specific)			
				,	
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provisions for	nt provides for an exclimplementing the ame icable, indicate N/A)	nange, reclassific endment if not co	ation, or cancella ntained in the an	tion of issued shar tendment itself:	es <u>.</u>
			•		_ -
					· · · · · ·

•

The date of each amendment(s) ad	loption: 5/25/2023	, if other than
date this document was signed		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file de	ute)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirem partment of State's records.	nents, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shar	reholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the fficient for approval.	amendment(s)
	roved by the shareholders through voting groups. <i>The follo</i> each voting group entitled to vote separately on the amenda	
"The number of votes cast t	for the amendment(s) was/were sufficient for approval	
by	<u>.</u>	
	(voting group)	
5/25/20 Dated	23	
	sabelle Anestal	
(By a directed	rector, president or other officer – if directors or officers ha l, by an incorporator – if in the hands of a receiver, trustee, o ed fiduciary by that fiduciary)	
	Isabelle Anestal	
-	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	

the

the