P210000 32512

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COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPOR	TATION: Fast Trax Logistics	s, INC	
DOCUMENT NUME	BER: P21000032512		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	Isabelle Anestal		
		Name of Contact Person	1
		Firm/ Company	
	6295 W Sample RD # 67040	ŀ	
		Address	
	Coral Springs FL 33067		<u>-</u>
		City/ State and Zip Code	e
	msanestal@gmail.com		
	E-mail address; (to be us	sed for future annual report	notification)
		N.	
For further information	r concerning this matter, pleas	se call:	
Isabelle Anestal		at (
Name (of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depo	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section of Corporations entre of Tallahassee S. Monroe Street, Suite 810 ussee, F1, 32303

Articles of Amendment to Articles of Incorporation of

Fast Trax Logistics, INC				
(Name of Corporation	as currently filed	with the Florida De	pt. of State)	
P21000032512				
(Documen	nt Number of Corp	oration (if known)		
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	tatutes, this <i>Florid</i>	a Profit Corporation :	adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corp	poration:			
				The new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	or "Co". A profi	ny," or "incorporated essional corporation	" or the abbreviation name must contain	_ on "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)		36 20 20	F 2023 A
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)			WINSSEE, FL	E E D
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		Florida, enter the na	ime of the	
Name of New Registered Agent				_
	(Florida street ada	ress)		-
New Registered Office Address:			. Florida	
Sen registered vijice sidaress.	(City)		—· · · · · · · 	Code
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a	ım familiar with an			_
Signatu	ire of New Register	eed Agent, if changing		

Check if applicable

☐ The amendment(s) is/are being tiled 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.

X Change	<u>PT</u>	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	P	Isabelle Anestal	6295 W Sample RD #670401
Add			Coral Springs, FL 33067
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amondment(c)	8/14/2023	it other than the
The date of each amendment(s) a date this document was signed.	adoption:	. If other than the
8/1	4/2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(m) man (man m) days differ distribution for the distribution of t	
Note: If the date inserted in this document's effective date on the L	block does not meet the applicable statutory filing requirements, this date will no Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder action action action and shareholder action actio	areholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendments):	
	st for the amendment(s) was/were sufficient for approval	
by	<u>_</u> *	
	(voting group)	
8-14-2023 Dated		
Signature	director, president or other officer - if directors or officers have not been	
selecti	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Emmanuella Cezalien	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	