

P21000035874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

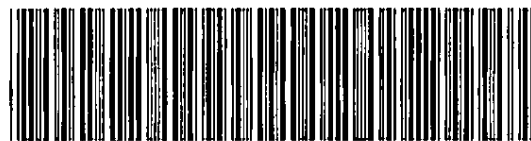
(Business Entity Name)

(Document Number)

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J DENNIS  
JUL 24 2021

COVER LETTER

FD-1 Amendment Section  
Department of State

NAME OF CORPORATION: SABRI Y MOI LOGISTICS INC

DOCUMENT NUMBER: P21000035874

The enclosed *Articles of Amendment* and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

SABRINA FELICIANO

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

214 CLABMAR CIRCLE

\_\_\_\_\_  
City, State and Zip Code

DAVENPORT, FL 33838

\_\_\_\_\_  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Please enclose check for the following amount made payable to the Florida Department of State:

☒ \$35.50 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copies  
add \$2.00)

☐ \$82.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional copies  
add \$2.00)

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6527  
Tallahassee, FL 32305

Street Address

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
5015 S. Atlantic Avenue, Suite 210  
Tallahassee, FL 32305

Articles of Amendment  
to  
Articles of Incorporation  
of

**SABRI Y MOI LOGISTICS INC**

(Name of Corporation as currently filed with the Florida Dept. of State)

FD-200 (01/15/72)

(Document Number of Corporation (if known))

Be it remembered that on this 29th day of June, 2021, the Florida Profit Corporation adopts the following amendment(s) to its articles of incorporation:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ The new 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

**New Registered Agent's Signature, if changing Registered Agent:**

I, \_\_\_\_\_, as registered agent, am signing with and accept the obligations of the position.

Signature of New Registered Agent (if changing)

Check, if applicable:

The amendment(s) are being filed pursuant to s. 607.0120(1)(rev.) F.S.

21 JUN 29 AM 8:27

FILED

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:

*Example: "I hereby certify that the following are the Officers and Directors of the Corporation:*  
*P = President, V = Vice President, T = Treasurer, S = Secretary, D = Director, C = Controller, CL = Chairman or Clerk, CEO = Chief Executive Officer, CFO = Chief Financial Officer, and other titles of officers and directors of the corporation. List the first name of each officer held by the corporation. Do not include initials.*  
*Changes should be noted in the following manner: A recently 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 T and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, ST as an Add.*

Example:

☒ Add: P T John Doe  
☐ Remove: V Mike Jones  
☐ Add: ST Sally Smith

| Type of Action<br>(Check One)           | Title | Name            | Address                                   |
|-----------------------------------------|-------|-----------------|-------------------------------------------|
| <input checked="" type="checkbox"/> Add | VP    | CARDONA, MOISES | 214 CLAIRMAR CIRLE<br>DAVENPORT, FL 33837 |
| <input type="checkbox"/> Remove         |       |                 |                                           |
| <input type="checkbox"/> Change         |       |                 |                                           |
| <input type="checkbox"/> Add            |       |                 |                                           |
| <input type="checkbox"/> Remove         |       |                 |                                           |
| <input type="checkbox"/> Change         |       |                 |                                           |
| <input type="checkbox"/> Add            |       |                 |                                           |
| <input type="checkbox"/> Remove         |       |                 |                                           |
| <input type="checkbox"/> Change         |       |                 |                                           |
| <input type="checkbox"/> Add            |       |                 |                                           |
| <input type="checkbox"/> Remove         |       |                 |                                           |
| <input type="checkbox"/> Change         |       |                 |                                           |
| <input type="checkbox"/> Add            |       |                 |                                           |
| <input type="checkbox"/> Remove         |       |                 |                                           |

f. If amending or adding additional Articles, enter change(s) here

(Attach additional sheets, if necessary - to this spectrum)

g. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,  
provisions for implementing the amendment if not contained in the amendment itself:  
(if not applicable - indicate N/A)

The date of each amendment(s) adoption: 06/08/21, if other than the date this document was signed

Effective date if applicable: 06/08/21  
*(no more than 90 days after amendment is adopted)*

Notes: If the date inserted in this block does not meet the applicable statutory requirements, this entry will not be listed as the document's effective date. See the pertinent SBCA section(s).

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators or board of directors without shareholder action and shareholder approval.

The amendment(s) was/were adopted by the shareholders. The number of shares owned by each shareholder is as follows:

If amendment(s) was/were adopted 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.

☐ No. *See attached notes.*

Dated: 06/08/21

Signature: [Signature]  
I, [Name], have been elected as the Secretary of the corporation and hereby certify that the foregoing is a true and correct copy of the amendments to the articles of incorporation.

Printed or typed name of person signing

President

X

[Signature]  
Secretary

This is just a name correction for VP.