## P21000075329

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Logistics Solu	utions Corp			
DOCUMENT NUM	BER: P21000075329				
	of Amendment and fee are sui	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Fausto A Rosales, Esq.				
		Name of Contact Persor			
	The Law Office of Fausto A Rosales, P.A.				
		Firm/ Company	•		
	150 Alhambra Circle, Suite 7	10			
		Address			
	Coral Gables, FL 33134				
		City/ State and Zip Code	·		
	frosales@dtmiamilaw.com				
	E-mail address: (to be us	ed for future annual report	notification)		
	n concerning this matter, pleas				
Fausto A Rosales Esq		at (	_)		
Name of Contact Person		Area Coo	le & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	irtment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 to Articles of Incorporation of

to

J&H LOGISTICS SOLUTIONS CORP

(Name o	of Corporation as current	tly filed with the Florida Dep	ot. of State)		
P21000075329					
	(Document Number of	of Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this	s Florida Profit Corporation 8	idopts the followin	g amend	ment(s)
A. If amending name, enter the new na	ame of the corporation:				
N/A				The n	w.
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation i			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		245 NE 14TH STREET, UNIT 1812			
		MIAMI, FL 33132			_
					_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		245 NE 14TH STREET, UNIT 1812			
		MIAMI, FL 33132			_
D. If amending the registered agent ar new registered agent and/or the new Name of New Registered Agent	w registered office addres		me of the	2021 GOT :	res resid
	150 ALHAMBRA CIRCLE, SUITE 710		RAY	<u> </u>	CONSTRAIN
	(Florida street address)		<u> </u>	P	
New Registered Office Address:			_, Florida <u>3লাও</u> ক	ယ္ပ	
	(City)			Code F.	
N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(				
New Registered Agent's Signature, if c	nanging Registered Agen	<u>1:</u>			

Thereby 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

 $\square$  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: CEO = 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	
<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) X Change	P	HECTOR ARGILES	245 NE 14TH STREET, UNIT 1812
Add			MIAMI, FL 33132
Remove			
2) X Change	VP	JESSICA PEREZ	245 NE 14TH STREET, UNIT 1812
Add			MIAMI, FL 33132
Remove Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del>-</del>	
Add			
Remove			

\/A \/A	ch additional sheets, if necessary). (Be specific)	
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. <u>If an</u> nro	amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:	
_	(if not applicable, indicate N/A)	
N/A		
	·	

The date of each amendment(s) adoption: _ date this document was signed.	SEPTEMBER	27,2021	, if other than the
Effective date if applicable:			
<u></u> .	(no more than 90 days a	fter amendment file date	•)
Note: If the date inserted in this block does document's effective date on the Department		tutory filing requiremen	nts, this date will not be listed as the
Adoption of Amendment(s) ( <u>C</u>	CHECK ONE)		
The amendment(s) was/were adopted by the action was not required.	he incorporators, or board of	directors without shareh	iolder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		r of votes east for the an	nendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each votice.			
"The number of votes cast for the an	nendment(s) was/were suffic	ient for approval	
by			
(v	roting group)		
selected. by an in	esident or other officer – if one or other hands ary by that fiduciary)		
HECTO	r Arbites		enez Borrego.
	(Typed or printed name of	person signing)	•
PRES	510647	VICE-	Mesinent
	(Title of person signing)		