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SECRETARY OF STA

CF 2/15/2022

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	WIND LOGISTICS GROUP, INC.
DOCUMENT NUMBER:	P21000102697
The enclosed Articles of Amendme	nt and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
IRF	AN NAZIR
<del></del>	Name of Contact Person
	Firm/ Company
4295	GREENLAND ROAD
	Address
JACI	KSONVILLE, FL 32258
	City/ State and Zip Code
THE	NAZIRS@GMAIL.COM
E-mail:	address: (to be used for future annual report notification)
For further information concerning	this matter, please call:
IRFAN NAZIR	at ( 904 ) 422-3111
Name of Contact Pe	rson Area Code & Daytime Telephone Number
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:
<del>-</del>	Status   S
Mailing Address Amendment Sect Division of Corpe P.O. Box 6327 Tallahassee, FL 3	on Amendment Section prations Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

## **Articles of Amendment** Articles of Incorporation

FILED

2022 FEB - 2 PM 1: 14

## WIND LOGISTICS GROUP, INC.

WIND LOGISTICS GROUP, INC.

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

P2	21000102697			HAASSEE, FÜ
(Docum	nent Number of Co	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Fl	orida Profit Corporatio	n adopts the fo	ollowing amendment
A. If amending name, enter the new name of the co	orporation:			
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc., "chartered," "professional association," or the abbre	" or "Co". A D	npany," or "incorporat professional corporation	ed" or the abb n name must	The new reviation "Corp.," contain the word
B. Enter new principal office address, if applicable	<b>!:</b>			
(Principal office address MUST BE A STREET ADL	DRESS )			
				<del></del>
		<del></del> .		<del></del>
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>(X</u> )			
	-			
D. If amending the registered agent and/or register	and affine address.			
new registered agent and/or the new registered	office address:	s in Piorida, enter the i	name of the	
Name of New Registered Agent				
	(Florida street	address)	<del></del>	
New Registered Office Address:			, Florida	
	(Ci	(y)	, 1 1011 <b>u</b> a	(Zip Code)
Navy Degistered Agent's Signature if the signature				
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>lstered Agent:</u> I am familiar with	and accept the obligat	ions of the pos	ition.

Signature of New Registered Agent, if changing

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 Joh	n Doe	
X Remove	<u>∨ Mil</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PTD	HUZAIFA AMJAD	11046 ALPHARETTA HWY
_X_ Add			# 3341
Remove			ROSWELL GA 30076
2) Change	SD	SHABANA AMJAD	3101 HADDONSTONE DR SE
_X_ Add			OWENS CROSS ROADS, AL 35763
Remove 3) _X Change	CEO	KENNETH WINDLEY	8283 BAYMEADOWS ROAD
Add			#2104
Remove			JACKSONVILLE FL 32256
4) Change	CFO	IRFAN NAZIR	4295 GREENLAND ROAD
_X_ Add			JACKSONVILLE, FL 32258
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change		<del>-</del>	
Add			
Remove			

	tional sheets, t	if necessary).	(Be specific)				
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The date of each amend date this document was si	ment(s) adoption:, if other than the gned.
Effective date if applica	ble:
· · · · · · · · · · · · · · · · · · ·	(no more than 90 days after amendment file date)
Note: If the date inserte document's effective date	I in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
Adoption of Amendmen	t(s) (CHECK ONE)
X The amendment(s) wa by the shareholders w	s/were adopted by the shareholders. The number of votes cast for the amendment(s) as/were sufficient for approval.
☐ The amendment(s) was must be separately pro	were approved by the shareholders through voting groups. The following statement wided for each voting group entitled to vote separately on the amendment(s):
"The number of	otes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
	re being filed pursuant to s. 607.0120 (11) (e), F.S.
The amendment(s) was action was not required	were adopted by the incorporators, or board of directors without shareholder action and shareholder.
Dated_	01/13/2021
Signatur	(By a director, president or other officer – if directors or officers have not been
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	HUZAIFA AMJAD
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

. . . . .