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SECRETARY OF STAPHYLAHASSEE, FLORINGE
TALLAHASSEE, STAPHALLAHASSEE, FLORINGE

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: 5 & U LOGISTICS COTP DOCUMENT NUMBER: P220000 80 67
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person SLU LOGISTICS (OP) Firm/ Company BIS (N Hornestead blue) #346 Address Homestead FL 33030 City/ State and Zip Code Suzorp 21 @gmail-Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CESAL GALVIA JV at (786) 566-7196 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

5 & U logis!	TICS COSP JUN 16 PM 1.33
(Name of Corporation	as currently filed with the Floridas Dept. of State) TALL AHASSES TATE
Y 74 4 60	OOO O TO THE MASSEE FI
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following 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 "cory" Inc.," or Co.," or the designation "Corp," "Inc," of "chartered," "professional association," or the abbrevi	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word ation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	d office address in Florida, enter the name of the fifice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
 Signat	ure of New Registered Agent, if changing

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 Do	<u>oc</u>			
X Remove	<u>V</u>	Mike Jo	<u>ones</u>			
X Add	<u>sv</u>	Sally Si	<u>mith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address	
1) Change	<u> </u>) -	Silvand	FRallais	Homesterd FL	tulo
Add					Homesterd FL	33038
Remove						
2) Change		_				
Add						,
Remove Change		_				-
Add						-
Remove						
4) Change		_				-
Add						-
Remove						
5) Change						-
Add						-
Remove						
6) Change				· 		-
Add						-
Remove						

	(Be specific)			
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If an amendment provides for an exc	hange, reclassificati	on, or cancellation lined in the amend	of issued shares, ment itself:	
provisions for implementing the am	hange, reclassificati endment if not conta	on, or cancellation ained in the amend	of issued shares, ment itself:	
If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassificati endment if not cont:	on, or cancellation ained in the amend	of issued shares, ment itself:	
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The date of each amendment(s) adoption: 6/16/27	, if other than the
and the second control of the second control	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved 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):	ıt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
Dated	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
resident	
(Title of person signing)	