P220000 16670

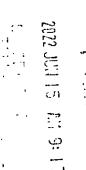
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: AXOQ LOGISTIC	S INC		
	BER: P22000016670			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	ABDIEL XAVIER ORTIZ Ç	DUILES		
		Name of Contact Persor	1	_
	AXOQ LOGISTICS INC			
		Firm/ Company		
	3425 CYPRESS POINT CIR			
		Address		
	SAINT CLOUD FL 34772			
		City/ State and Zip Code	<u></u> -	
	abdiel.xaviel@gmail.com			
	54	sed for future annual report	notification)	
		·		m.)
For further information	on concerning this matter, plea	se call:		022
				<u> </u>
ABDIEL XAVIER O		at (aber Ci
Name	of Contact Person	Area Co	de & Daytime Telephone Num	
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:	<u> </u>
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	⊠\$43.75 Filing Fee & Certified Copy	☐\$52.50 Filing Fee Certificate of Status	
	Certificate of Status	(Additional copy is enclosed)	Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street	Address	
	nendment Section	Amend	Iment Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
	7. DOX 0327	2.115 N. Manner Street Strike 910		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

AXOQ LOGISTICS INC				
(<u>Name</u>	of Corporation as currently	filed with the Florida Dept	. of State)	
P22000016670				
-	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation ad	lopts the following am	endment(s) to
A. If amending name, enter the new n	ame of the corporation:			
				e new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered." "professional association."	Corp." "Inc." or "Co". A			
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S				
				<u>2</u>
C. Enter new mailing address, if appl	icable:		7.	2
(Mailing address MAY BE A POST		, <u> </u>		
			•	سر ان
				 .
		.		<u> </u>
D. If amending the registered agent ar	nd/or registered office addre	ess in Florida, enter the nan	ne of the	ن ب
new registered agent and/or the ne				7
Name of New Registered Agent	ABDIEL XAVIER ORTIZ	QUILES		
	3425 CYPRESS POINT CIF			
	(Florida stree	et address)		
N D - 1000 411	SAINT CLOUD	,	34772	
New Registered Office Address:	10	Cirv)	, Florida <u>''''</u> (Zip Code)	
		•	,	
New Registered Agent's Signature, if c				
I hereby accept the appointment as regis.	tered agent. I am familiar wi	th and accept the obligation	s of the position.	
\mathcal{A} 6.	isel Xanser Oris	z Ruiles		
		gistered 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)

Example:

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	PVTS		ABDIEL CURTIZ	3425 CYPRESS POINT CIR
Add X Remove				ST CLOUD FL 34772
2) Change	PVTS	_	ABDIEL XAVIER ORTIZ QUILES	3425 CYPRESS POINT CIR
X Add				ST CLOUD FL 34772
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Parmana				

Ε.	If amending or adding additional Articles, enter change(s) here:
	(Attach additional sheets, if necessary). (Be specific)
_	
_	
_	
_	
F.	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)
	у пол функцине, тинеше (пл.)
_	

•	06/09/2022
The date of each date this document	n amendment(s) adoption:, if other than t nt was signed.
Effective date if	applicable:
_	(no more than 90 days after amendment file date)
	e inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t tive date on the Department of State's records.
Adoption of Am	endment(s) (<u>CHECK ONE</u>)
The amendme action was not	ent(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder t required.
	ent(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) olders was/were sufficient for approval.
	ent(s) was/were approved by the shareholders through voting groups. The following statement rately provided for each voting group entitled to vote separately on the amendment(s):
"The nu	mber of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
	06/09/2022
	Dated
	Signature Abbiel Xavier Orto 2 Quiles (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)
	ABDIEL XAVIER ORTIZ QUILES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

June of the Proposition