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SECRETARY SECURITY AND A SECRETARY AND A

of 4/le/2022

## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations

NAME OF CORPORATION: WOSP Logistics Inc.					
DOCUMENT NUMBER: Y 220000 16711					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Shanni Verez					
WOSP Name of Contact Person Logistics Inc					
FirmCompany  A801 Polk ST					
Hollywood, FL 33021					
Shanni Winstonpholdings. Lom					
E-mail address: (to be used for future annual report notification					
for further information concerning this matter, please call:					
Shanni Verez al 305, 713 0973					
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:					
\$35 Filing Fee S43.75 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee 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	n to
\	Articles of Incorporation	Filen
WOSP	Logistics Inc	2022 HAR 21 AM 9
(Name of Corporati	ion as currently filed with the Flor	ida Dent of State)
Pa	11721000066	SECRE TALL CARREST STATE
(Docur	nent Number of Corporation (if know	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corpor	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:	The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbro	" or "Co". A professional corpor	porated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		<u>/A</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	NA
D. If amending the registered agent and/or registe new registered agent and/or the new registered  Name of New Registered Agent		the name of the
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Res	≥istered Agent:	

I hereby 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

 $\Box$  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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)  1)	Title Name  Shanni Perez	Address 4801 Polk St Hollywood FL 33021
Remove 2) Change Add		
Remove 3 ) Change Add		
Remove 4) Change Add		
Remove 5) Change Add		
Remove  6) Change Add Remove		

ttach additional sheets, if necessary). (Be sp	cijic) MA	
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	<del> </del>	
an amendment provides for an exchange, roprovisions for implementing the amendment	classification, or cancellation of issue if not contained in the amendment its	d shares, self:
(if not applicable, indicate N/A)	NA	

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The date of each amendment(s) ad	option:	, if other thar
date this document was signed.  Effective date if applicable:	3/8/22	
mappicable.	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requipartment of State's records.	rements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
	nted by the incorporators, or board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the licient for approval.	he amendment(s)
	roved by the shareholders through voting groups. The foreach voting group entitled to vote separately on the ame	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	3/16/22	
Signature	On Do Walt	
(By a dir	ector, president or other officer - if directors or officers	
	<ul> <li>by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)</li> </ul>	ee, or other court
чрр	, , <u>, , , , , , , , , , , , , , , , , </u>	
<u>-</u>	Orlando Walters	
	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	

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