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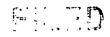
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: SOL LOGISTICS	INC			
DOCUMENT N	UMBER: P22000026149				
	icles of Amendment and fee are su	bmitted for filing.			
Please return all c	orrespondence concerning this ma	tter to the following:			
	NELSON ALEXANDER RIVAS RIVAS				
	Name of Contact Person				
	N/A				
		Firm/ Company	·-		
	511 SANDSTONE ST				
	Address				
	LAKELAND, FL 33809				
		City/ State and Zip Cod	2		
	vyavenuspo@hotmial.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further inforn	nation concerning this matter, plea	se call:			
Nelson Alexander Rivas Rivas		at (<u>863</u>	9407642 de & Daytime Telephone Number		
No	nme of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a chec	ck for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fo	ee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



SOL LOGISTICS INC

2022 APR 18 AM 8: 02

(Name	of Corporation as curren	tly filed with the Florida	Dept. of State)
P22000026149			WILL A SEE, F
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporati	on adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporati	sted" or the abbreviation "Corp.," on name must contain the word
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appl		N/A	
(Mailing address MAY BE A POST	<u>OFFICE BOX</u>)		
D. If amending the registered agent ar	nd/or registered office ac	ldress in Florida, enter th	e name of the
new registered agent and/or the new			e name of the
Name of New Registered Agent	NELSON ALEXANDE	R RIVAS RIVAS	
	511 SANDSTONE ST		
	(Florida	street address)	
New Registered Office Address:	LAKELAND,		. Florida
in registered office maness.	*	(City)	(Zip Code)
N. D. La da S. Clara			
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ations of the position.
, , , , , ,	62		
	Synature of New	Régistered Agent, if chang	vina
	o.g.mine of Hen	The game real region, by change	···s

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	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Nelson Alexander Rivas Rivas	511 SANDSTONE ST
X Add			LAKELAND, FL 33809
Remove			<u> </u>
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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/4) //A		additional sheets, if necessary). (Be specific)
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	/A	
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(if not applicable, indicate N/A)	If an	imendment provides for an exchange, reclassification, or cancellation of issued shares,
/A	121.0	if not applicable, indicate N/A)
	/A	

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The date of each amendment(s) adoption:, if other date this document was signed.	r than the
Effective date if applicable:	<u>.</u>
(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 will not be list document's effective date on the Department of State's records.	ted as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholde action was not required.	er
☐ 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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
PEDRO OTERO	
(voting group)	
Signature (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)	-
PESIDE W	
(Title of person signing)	-

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