P33000016721

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	PRATION: DOMINIPACK LO	OGISTICS CORP	
	IBER: P23000016721		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	FROILAN TAVARES COR	OMINAS	
		Name of Contact Persor	1
	DOMIPACK LOGISTICS CO	ORP	
		Firm/ Company	
	7968 NW 66 TH STREET		
		Address	
	MIAMI, FL 33166		
	-	City/ State and Zip Code	e
	bonillathomas@hotmail.com		
	•	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
ELIGIO BONILLA		954 at (de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address mendment Section		Address Iment Section
Di	vision of Corporations		on of Corporations
P.0	O. Box 6327	The C	entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DOMIPACK LOGISTICS CORP

(Name of Corporation as currently filed with the Florida Dept. of S	State)	
P23000016721	·	
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts its Articles of Incorporation:	the following amend	ment(s)
A. If amending name, enter the new name of the corporation:		
	The n	ew
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Inc.," or "Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name "chartered," "professional association," or the abbreviation "P.A."	e abbreviation "Corp must contain the we	o'' ord
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		-
(Trincipal hypice address <u>brosser in provinces in the second of the sec</u>	_	_
	<u>,</u>	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		_
		<u> </u>
		- 📆
D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:	<u>f the</u>	
Name of New Registered Agent		٠.
(Florida street address)		<u>.</u>
New Registered Office Address:, Flo	orida	_ ` _
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of t	the position.	
Signature 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)

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 <math>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 Doc			
X Remove	$\underline{\mathbf{V}}$	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>		
1) Change	VP	AIME NAVARRO PERALTA	2985 NW 97 COURT		
Add			DORAL, FL 33172		
X Remove					
2) Change					
Add					
Remove Change					
Add					
Remove			·	7,10	
4) Change				<u>-</u>	
Add			?	ر.	
Remove					
5) Change					
Add				D	
Remove					
6) Change					
Add					
Remove					

tach additional sheets, if necesso	ary). (Be specific)			
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in amendment provides for ai	n exchange, reclassificati	on, or cancellation of	issued shares,	
ovisions for implementing the	e amendment if not conta	ained in the amendme	ent itself:	
(if not applicable, indicate N	7.4)			
				•
		<u> </u>		
		_		
				<u> </u>

10/18/2023
The date of each amendment(s) adoption:, if other than the date this document was signed.
10/18/2023
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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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
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)
FROILAN TAVARES COROMINAS
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

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