P23000053441

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	ME OF CORPORATION: MARLLE LOGISTICS CORP				
DOCUMENT NUMBER:	P23000053441				
The enclosed Articles of Amenda	nent and fee are sul	bmitted for filin	g.		
Please return all correspondence of	oncerning this ma	tter to the follov	ving:		
	M	ARIUSKA BRI	то		
	Name of Contact Person				
	BRITC) TAX AND A	CCOUNTIN	NG CORP	
		Firm/ Co	ompany		
		1695 NW 110TI	H AVE SUI	TE 214	
	Address				
	MIAMI FL 33172				
	City/ State and Zip Code				
	BRI	TOTAXCORP(@GMAIL.C	COM	
E-mai	address: (to be us	ed for future an	nual report	notification)	
For further information concerning	g this matter, pleas	se call:			
MARIUSKA BRITO		at (786	354-7694	
Name of Contact I	(_	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the follow	ing amount made	payable to the F	Iorida Depa	artment of State:	
-	.75 Filing Fee & ificate of Status	S43.75 Fili Certified C (Additional enclosed)	ору	☐\$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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment Articles of Incorporation of

MARLLE LOGISTICS CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P23000053441

	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the follo	owing amendmen
A. If amending name, enter the new na	me of the corporation:		
NOT APPLICABLE			The new
	orp," "Inc," or "Co". z	company," or "incorporated" or the abbre 1 professional corporation name must co	viation "Corp.,"
B. Enter new principal office address,		NOT APPLICABLE	
(Principal office address <u>MUST BE A ST</u>	TREET ADDRESS)		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST C			
			Σ
			5
			<u>.</u> .
If amending the registered agent an new registered agent and/or the new	d/or registered office addu registered office address	ress in Florida, enter the name of the	H
Name of New Registered Agent	NOT APPLICABLE	-	
			\sim
	(Florida str	vet address)	
New Registered Office Address:		, Florida	
		(City)	(Zip Code)
New Registered Agent's Signature, if cl	nanging Registered Agent	:	
		- with and accept the obligations of the posit	ion.
	Signature of New R	egistered 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 Doe	
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	MONICA L DEL VALLE SILVA	12850 W STATE RD 84 LOT6-10
X Add			DAVIE FL 33325
Remove	т	ABEL R MARTINEZ LOYOLA	12850 W STATE RD 84 LOT6-10
2) Change Add	<u>T</u>	ADEL KNAKTIVILL BOTOLA	DAVIE FL 33325
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

OT APPLICABLE	ets, if necessary). (i				
					
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	<u> </u>				
				-	
				<u>-</u>	
If an amendment pro	vides for an exchan	ge, reclassificatio	n, or cancellatio	n of issued shares.	
provisions for imple	menting the amendi	ment if not conta	ined in the amen	dment itself:	
(if not applicable	r, indicate N/A)				
OT APPLICABLE					
			<u> </u>		
					
				· · · · · · · · · · · · · · · · · · ·	

	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendmen	ut file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast fficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approximate the separately provided for	roved by the shareholders through voting groups. Teach voting group entitled to vote separately on the	he following statement amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for appro-	val
by		 •
·	(voting group)	
07/26/20 Dated/ Signature/	atiasi	
selecte	rector, president or other officer – if directors or off l, by an incorporator – if in the hands of a receiver, t ed fiduciary by that fiduciary)	
	MATIAS A MARTINEZ DEL VALLI]
	(Typed or printed name of person signing	<u></u>
	PRESIDENT	
	(Title of person signing)	_