(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	- e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

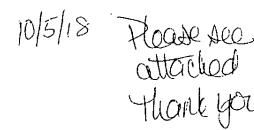


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R. WHITE

OCT 08 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2018

WILLIAM H. ALBORNOZ 901 PONCE DE LEON BLVD SUITE 204 CORAL GABLES, FL 33134

SUBJECT: DYNAMO WELTWEIT LOGISTIK CORPORATION

Ref. Number: P93000060161

We have received your document for DYNAMO WELTWEIT LOGISTIK CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 is missing from the document. Please find enclosed the missing form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 918A00020191

Rebekah White Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Bynamo Wel	tweit Logistik	Corporation
DOCUMENT NUM	BER:		<u> </u>
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	•
	William H. Albemez	,	
		Name of Contact Person	
	William H. Albomoz, P.A.		
•	·	Firm/ Company	
	901 Ponce de Leon Blvd. S	Sutie 204	•
		Address	·· <u>······</u>
•	Coral Gables, FL 33134	, .	
		City/ State and Zip Code	
L 111 A	Delhalau care		•
Dist	@albolaw.com	ed for future annual report	notification)
	pandi stances. (as se a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
For further informati	ion concerning this matter, pleas	se call:	
William H. Alborno	DZ.	at (305	444-1741
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depo	artment of State:
\$35 Filing Fee	Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is	U\$52.50 Filing Fee Certificate of Status Certified Copy
	•	enclosed)	(Additional Copy is enclosed)
		Samuel	AAdmina
Mailing Address Amendment Section			Address dment Section
· A	instituted Section	,	on of Cornerations

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

2018 OCT -5 PM 1:29

P93000060161	ration as currently filed with the Florion inpt. of State)
(Do	ocument Number of Corporation (if known)
fursuant to the provisions of section 607.1006, Flo ts Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendme
If amending name, enter the new name of the	ne corporation:
	The new
same must be distinguishable and contain the value of the contain the value of the designation "Covord "chartered," "professional association," or	word "corporation," "company," or "incorporated" or the abbreviation
. Enter new principal office address, if applica	<u> </u>
Principal office address MUST BE A STREET A	ADDRESS)
·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)
(Mailing address <u>MAY BE A POST OFFICE</u>	
(Mailing address MAY BE A POST OFFICE) Lift amending the registered agent and/or regis	stered office address in Florids, enter the name of the
(Mailing address MAY BE A POST OFFICE) If amending the registered agent and/or registered agent and/or the new register	istered office address in Florida enter the name of the
(Mailing address MAY BE A POST OFFICE) 1. If amending the registered agent and/or regis	stered office address in Florids, enter the name of the
(Mailing address MAY BE A POST OFFICE) If amending the registered agent and/or registered agent and/or the new register	stered office address in Florids, enter the name of the
(Mailing address MAY BE A POST OFFICE) 1. If amending the registered agent and/or registered agent and/or the new register	stered office address in Florids, enter the name of the
(Mailing address MAY BE A POST OFFICE) If amending the registered agent and/or registered registered agent and/or the new register Name of New Registered Agent	istered office address in Florida, enter the name of the red office address: (Florida street address)
(Mailing address MAY BE A POST OFFICE) If amending the registered agent and/or registered agent and/or the new register	istered office address in Florida, enter the name of the red office address: (Florida street address)
(Mailing address MAY BE A POST OFFICE) If amending the registered agent and/or registered registered agent and/or the new registered Name of New Registered Agent	Istered office address in Florida, enter the name of the red office address: (Florida street address)
(Mailing address MAY BE A POST OFFICE) If amending the registered agent and/or registered registered agent and/or the new registered Name of New Registered Agent	istered office address in Florida, enter the name of the red office address: (Florida street address)
Mailing address MAY BE A POST OFFICE. If amending the registered agent and/or registered registered agent and/or the new register. Name of New Registered Agent New Registered Office Address:	(Florida street address) (Florida street address) (City) (Zip Code)
(Mailing address MAY BE A POST OFFICE) If amending the registered agent and/or registered agent and/or the new register Name of New Registered Agent New Registered Office Address:	(Florida street address) (Florida (City) (The name of the name of the name of the red office address) (Florida street address) (City) (Zip Code)
(Mailing address MAY BE A POST OFFICE) If amending the registered agent and/or registered agent and/or the new register Name of New Registered Agent New Registered Office Address: [EW Registered Agent's Signature, if changing Registered Agent agent agent and agent a	(Florida street address) (Florida street address) (City) (Zip Code)

10/05/2018 16:19

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
\underline{X} Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>v</u> .	Jorge Victoriano	10875 NW 33rd Street
X_Add			Doral, FL 33172
Remove			
2) Change			
Add			
Remove			
3) Change	 .		
Add			
Remove			
4) Change			
Add			
Remove			
) Change			
Add			
Remove			
			·
) Change			
Add			
Remove			

	v). (Be specific)
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	· — · · — · · — · · — · · · · · · · · ·
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
workshous for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
an amendment provides for an exclusions for implementing the ame (If not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
mortaines for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
mortaines for implementing the ame	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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and the supplementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
and the supplementing the ame	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
and the supplementing the ame	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s) date this document was signed.	adoption:, if other than
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated Septe	ember 20,2018
Signature	
(Ву а	director, president or other officer - if directors or officers have not been
selec	ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Francisco Lobos Basauri
	(Typed or printed tame of person signing)
	Director .
	(Title of the control
	(Title of person signing)