## V33578

| (Red                      | questor's Name)   |             |
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| (City                     | y/State/Zip/Phone | e #)        |
| ` <i>•</i>                | •                 | •           |
| PICK-UP                   | ☐ WAIT            | MAIL        |
|                           |                   |             |
| /D.,                      | siness Entity Nar | ma)         |
| (Bus                      | siness Enuty Nar  | ne)         |
|                           |                   |             |
| (Do                       | cument Number)    |             |
|                           |                   |             |
| Certified Copies          | _ Certificate:    | s of Status |
|                           |                   |             |
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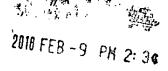
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FEB 1 2 2018 C MCNAIR

## **COVER LETTER**

TO: Amendment Section
Division of Corporations



| NAME OF CORPORATION: Fairway Freight Consolidators. Inc                                       |   |  |  |  |
|---|---|--|--|--|
| DOCUMENT NUMBER: V33578   |   |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.                          |   |  |  |  |
| Please return all correspond  | dence concerning this matte                 | er to the following:   |  |  |
| Oliv  | ver J. Langstadt                            |  |  |  |
|   |   | Name of Contact Person   | -  |  |
| Oliver J. Langstadt, P.A.   |   |  |  |  |
|   | •   | Firm/ Company  |  |  |
| 110   | 1108 Ponce de Leon Blvd.                    |  |  |  |
| -   |   | Address  |  |  |
| Mia   | ami, Fl 33134                               |  |  |  |
| City/ State and Zip Code  |   |  |  |  |
| langstadt@langstadtlaw.com  |   |  |  |  |
| E-mail address: (to be used for future annual report notification)                            |   |  |  |  |
|   |   |  |  |  |
| For further information concerning this matter, please call:                                  |   |  |  |  |
| Oliver J. Langstadt   |   | at ( 305   | 648-3909   |  |
| 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   | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 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

Street Address

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

## Articles of Amendment to Articles of Incorporation of



FAIRWAY FREIGHT CONSOLIDATORS, INC.

| 2010        |          |
|-------------|----------|
| 2018 FEB -9 | PM a     |
| tate)       | PM 2: 3# |

| ·   | or Corporation as currently flied           | with the Florida Dept. of State)   |
|---|---|--|
| 33578   |   |  |
|   | (Document Number of Corpo                   | ration (if known)  |
| ersuant to the provisions of section 607. Articles of Incorporation:                            | 1006, Florida Statutes, this <i>Florida</i> | Profit Corporation adopts the following amendmen   |
| . If amending name, enter the new na  | me of the corporation:                      |  |
|   |   | The new  |
|   | ation "Corp," "Inc," or "Co". A             | ompany," or "incorporated" or the abbreviation<br>A professional corporation name must contain the |
| Enter new principal office address,   | if applicable:                              | · · · · · · · · · · · · · · · · · · ·  |
| Principal office address MUST BE A S  |   |  |
|   |   |  |
|   |   |  |
| Futan nam mailing adduses if annii  | aabla.                                      |  |
| . Enter new mailing address, if appli<br>(Mailing address MAY BE A POST)                        |   |  |
|   | <del></del> ,                               |  |
|   |   |  |
|   |   |  |
|   |   |  |
| <ul> <li>If amending the registered agent an<br/>new registered agent and/or the new</li> </ul> |   | Florida, enter the name of the   |
| N CN D  | Oliver J. Langstadt, Esq.                   |  |
| Name of New Registered Agent  | 1108 Ponce de Leon Blvd                     |  |
|   | (Florida street addr                        | ress)  |
|   | Coral Gables                                | •  |
| New Registered Office Address:  | (City)                                      | , Florida 33134 (Zip Code)   |
|   | (City)                                      | (Lip Coue)   |
|   |   |  |
| ew Registered Agent's Signature, if c   | hanging Dagistared Agent:                   |  |
| hereby accept the appointment as regist   | ered agent. I am familiar with and          | d accept the obligations of the position.  |
| ,   | <b>y</b>                                    |  |
|   |   |  |
|   |   |  |
| · · · · · · · · · · · · · · · · · · ·   | Signature of New Register                   | ad Agant if changing   |

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     |                               |
| X Add                         | <u>sv</u>     | Sally Smith    |                               |
| Type of Action<br>(Check One) | Title         | <u>Name</u>    | <u>Addres</u> s               |
| 1) Change                     | P             | Alicia Martin  | 9949 NW 89th Avenue, Unit 15, |
| XAdd                          |               |                | Medley                        |
| Remove                        |               |                | FL 33178                      |
| 2) Change                     | P             | Rishi Balroop  | 9949 NW 89th Avenue, Unit 15, |
| ,                             |               |                | Medley                        |
| X Remove                      |               |                | FL 33178                      |
| 3) Change                     | VP            | Nicole Alvarez | 9949 NW 89th Avenue, Unit 15, |
| Add                           |               |                | Medley                        |
| X Remove                      |               |                | FL 33178                      |
| 4) Change                     | VP, S         | Althea Foster  | 9949 NW 89th Avenue, Unit 15, |
| Add                           | <del></del> . |                | Medley                        |
| X Remove                      |               |                | FL 33178                      |
| 5) Change                     |               |                |                               |
| Add                           |               |                |                               |
| Remove                        |               |                | <del></del>                   |
| 6) Change                     |               | _              |                               |
| Add                           |               |                |                               |
| Remove                        |               |                |                               |

| Attach additional sheets, if necessary).                                 | (Be specific)  |
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| f an amendment provides for an excl                                      | hange, reclassification, or cancellation of issued shares, |
|  |  |
| provisions for implementing the ame                                      | endment if not contained in the amendment itself:          |
| provisions for implementing the ame<br>(if not applicable, indicate N/A) | endment if not contained in the amendment itself:          |
| provisions for implementing the ame                                      | endment if not contained in the amendment itself:          |
| provisions for implementing the ame                                      | endment if not contained in the amendment itself:          |
| provisions for implementing the ame                                      | endment if not contained in the amendment itself:          |
| provisions for implementing the ame                                      | endment if not contained in the amendment itself:          |
| provisions for implementing the ame                                      | endment if not contained in the amendment itself:          |
| provisions for implementing the ame                                      | endment if not contained in the amendment itself:          |

|  | adoption;  | , if other than the                     |
|--|--|---|
| date this document was signed.   |  |   |
| Effective date <u>if applicable</u> :  |  |   |
|  | (no more than 90 days after amendment file date,   | )                                       |
| <b>Note:</b> If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirement Department of State's records.   | ts, this date will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |   |
| ☐ The amendment(s) was/were as by the shareholders was/were                  | dopted by the shareholders. The number of votes cast for the ame sufficient for approval.  | endment(s)                              |
|  | oproved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment  |   |
| "The number of votes ca  | st 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 s  | hareholder                              |
| ☐ The amendment(s) was/were a action was not required.                       | dopted by the incorporators without shareholder action and share   | holder                                  |
| Dated  | 1-8-2018   |   |
| (By'a<br>sélec   | director, president or other officer – if directors or officers have ted, by an incorporator – if in the hands of a receiver, trustee, or onted fiduciary by that fiduciary) |   |
| į, ,   | Alicia Martin  |   |
|  | (Typed or printed name of person signing)  |   |
|  | President  |   |
|  | (Title of person signing)  |   |

. . . .