Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

DIVISION OF OU POLITIONS

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ELO ENTERPRISES, INC

Account Number : I20150000109

Phone : (561)544-8862 Fax Number : (954)697-0130

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

P-317	Address:		
11115177	MOOLE22'		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHAMON CONSULTING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	0-1
Estimated Charge	\$25.00

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D. SCOTT MAR 2 9 2017 2017-03-27 18:06

## ARTICLES OF AMENDMEN'I' TO ARTICLES OF ORGANIZATION OF

850-617-6381 P 2/4

CHAMON CONSULTING LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000150279</u> .	y were filed on 03/27/2017 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
HOA LOGISTICS LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	8529 NW 68TH STREET		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33166		
Enter new mailing address, if applicable:	8529 NW 68TH STREET		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33166		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her			
Name of New Registered Agent: N/A	5 2 L		
New Registered Office Address:	TIG = O		
	Enter Florida street address		
	, Florida		
	City Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

2017-03-27 18:07 1 1 >> 850-617-6381 P 3/4
If amending Authorized Person(s) authorized to manage, enter the time, name, and address on each person being address

MGR = Manager
AMBR = Authorized Member

Title Name Address Type of Action

AMBR ROCHANA GR CHAMON 8529 NW 68TH STREET Add

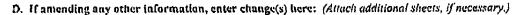
MIAMI, FL 33166 Remove

AMBR HUDSON ANDRADE CHAMON 8529 NW 68TH STREET Add

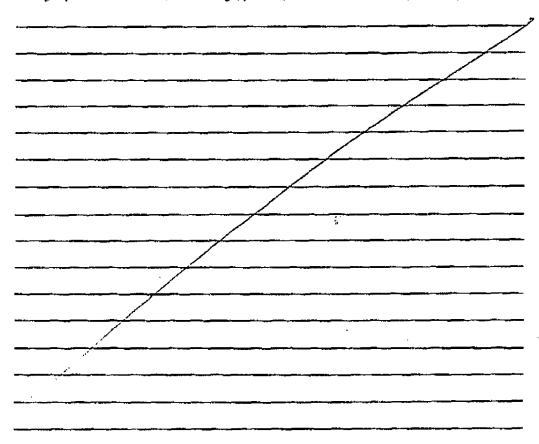
MIAMI, FL 33166 Remove

MIAMI, FL 33166 Remove

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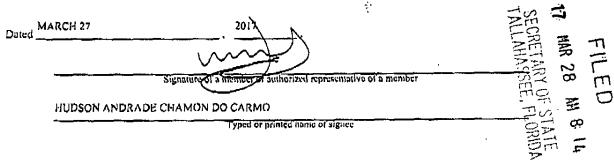


E. Effective date, if other than the date of filing:

(If an effective date is lifted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.



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