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Special Instruc	tions to l	Filing Officer:	ł
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COVER LETTER

TO:	Registration Se Division of Cor			
C110 IE		LOGISTICS AND PERSON	NEL L.L.C.	
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Martin Lopez		
			Name of Person	
		Marcum LLP		
			Firm/Company	
		One SE Third Ave. Suite 1	100	
			Address	
		Miami, Fl., 33131		
			City/State and Zip Code	
		martin.lopez@marcumllp.co	om to be used for future annual repor	t northbutton)
For furt	her information c	oncerning this matter, please co	·	(notification)
Martin	Lopez		305 9959700 at ()	Ś
	Name o	f Person	Area Code Da	sytime Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327/ Tällahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERVICES, LOGISTICS AND PERSONNEL L.L.C.	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{03}{100}$ Florida document number $\frac{1.17000071373}{1.17000071373}$.	/29/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the o	designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH 5: 03
B. If amending the registered agent and/or registered office address on our r	records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address: Enter Flo	rida street address

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.

Cav

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	EVA ARRANZ	1 SE 3RD AVE, STE 1100	≣ Add
		MIAMI, FL, 33131	□Remove
			□Change
Secretary	EVA ARRANZ	1 SE 3RD AVE, STE 1100	
		MIAMI, FL, 33131	Remove
			□ Change
			2020d - LAN F
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tive date, if other than the date of filing:	(optional)
11 the date inserted in this block does not meet the applicable statutor	ry filing requirements, this date will not be list
ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01	La.m. on the earlier of: (b) The 90th day after
filed.	
d 16th DECEMBER. 2020.	
Signature of a member or authorized represe	entative of a member)
	entative of a member)

Filing Fee: \$25.00