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| ··· - | (Requestor's Name) |
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| PICK-J | ? WAIT MAIL |
| | (Business Entity Name) |
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| Certified Copies | Certificates of Status |
| Special Instruction | to Filing Officer |
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Office Use Only



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SECRETARY OF STATE

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 04/15/2021 | | **WALI | K <i>I</i> N** |
|--|--|----------|----------------|
| ENTITY NAME PLUTUS | LOGISTICS LLC | | |
| DOCUMENT NUMBER | | | |
| | **PLEASE FILE THE ATTACHED AND RETURN** | | |
| XXXX | Plain Copy Certified Copy Certificate of Status | **WALi | K INT |
| **p | LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certificate of Good Standing | W | 5 sv |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** | | |
| COUNTRY OF DESTINATI NUMBER OF CERTIFICAT | | <u> </u> | |
| TOTAL OWED \$25.00 | ACCOUNT #: I20160000072 | | |
| Please call Tina at the | e above number for any issues or concerns. Thank you so | much! | |

COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|--|---|--|
| | ducts LLC | | |
| SUBJECT: | | led Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are subr | nitted for filing. | |
| Please return all corresp | ondence concerning this matter t | o the following: | |
| | Mike Sevik | | |
| | | Name of Person | |
| | Zenbusiness PBC | | |
| | | Firm/Company | |
| | 5900 Balcones Dr., STE 50 | 00 | |
| | **** | Address | ,, , , , , , , , , , , , , , , , , , , |
| | Austin, Texas 78731 | | |
| | | City/State and Zip Code | |
| | fulfillment@zenbusiness.cor | | |
| | E-mail address: (to | be used for future annual report notifi | aytime Telephone Number S60.00 Filing Fee, |
| For further information | concerning this matter, please ca | 11: | |
| Mike Sevik c/o Zenbusi | iness PBC | 844 493-6249 | |
| Name o | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | the 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 Tallahassee, 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

| Plutus Products LLC | | |
|--|---|---------------------------|
| (Name of the Limited L (A F | iability Company as it now appears on our records.) lorida Limited Liability Company) | 77 |
| The Articles of Organization for this Limited Liabil | lity Company were filed on May 5, 2020 | and assigned |
| Florida document number L20000121689 | | |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | e limited liability company here: | |
| Plutus Logistics LLC | · · · · · · · · · · · · · · · · · · · | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | | |
| Principal office address MUST BE A STREET A | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | _ | |
| Mailing address MAY BE A POST OFFICE BOX | Ω | |
| | | |
| | | |
| If amending the registered agent and/or registered agent and/or the new registered office address he | tered office address on our records, <u>enter the</u> | name of the new registere |
| and or the new registered office address ne | <u></u> | الله الله |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Florida street address | FM 33 |
| | timer i tortuu sirvet aaayess | |
| - | , Florid | Zip Code |
| | C11.) | LID COUL |

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 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 |
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| fective date, if other than the neffective date is listed, the date in this cument's effective date on the | oust be specific and cannot block does not meet the | c applicable statutor | u or more than 90 days a | ptional) ifter filing.) Pursuant to 60 this date will not be lis |)5.0207 sted as |
| ecord specifies a delayed effect is filed. | ive date, but not an effc | ective time, at 12:01 | a.m. on the earlier of | : (b) The 90th day aft | er the |
| , April 14 | 2021 | l | | | |
| led | | · | | | |
| ted April 14 /s/ Rafael Pastora-N | ash | | | | |
| | | | stative of a member | | |

Filing Fee: \$25.00