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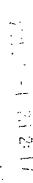
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Registration Section

Division of Cor	porations		
Y M C LOC	HSTIC LLC		Service 🧒
SUBJECT:		ited Liability Company	_
	; same of thin	nea Clatomy Company	
TPV 1 - 1 - 1 - 5 miles - e of	Amountment and forces are sub-	mitted for filing	
	Amendment and fee(s) are sub-		
Please return all correspo	ndence concerning this matter	to the following:	
	Yordany Gomez		
		Name of Person	
	Y.M.C LOGISTIC LLC		
		Firm/Company	
	2920 SW 23 TERR		
		Address	17
	Miami, Ft. 33145		
		City/State and Zip Code	
	yordanyg264@gmail.com		
	E-mail address: (to be used for future annual report notif	eation)
For further information e	oncerning this matter, please c	all:	
Yordany Gomez		786 775-2591 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
	(
Enclosed is a check for the		–	₩ 620 00 PW - F
■ \$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 Addre	<u>ss:</u>	Street Address:	
Registration !		Registration Sec	
Division of C	=	Division of Cor The Centre of T	
P.O. Box 632 Tallahassee,			e Street, Suite 810
rananassee,	にに ジング 1年	Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	ompany as it now appears on our records ited Liability Company)	.)
(A Florida Lin	nted Liability Company)	
The Articles of Organization for this Limited Liability Comp	oany were filed on <u>05/04/2021</u>	and assigned
lorida document number <u>L21000206857</u>		
forida document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
M C Logistic LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRES.</u>	<u>S)</u>	
		• _
and the second s		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	fice address on our records, <u>enter (</u>	the name of the new regist
Name of New Registered Agent:		
1/200 412		
New Registered Office Address:	Enter Florida street address	
	. Flo	orida
	City	orida 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 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>	Address	Type of Action
AMBR	Yordany Gomez	2920 SW 23 TERR	□Add
		Miami, FL 33145	□Remove
			□Add
			□Remove
			□ Change
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			□ Change
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ctive date, if other	er than the date (of filing:		<u></u>	(option	ial) ling.) Pursuant to 605.0.
effective date is listed	l, the date must be spe ed in this block do	eific and cannot b es not meet the	e prior to date o applicable sta	f filing or more th atory filing req	an 90 days after fil uirements, this c	ling.) Pursuant to 605.0. late will not be listed
ument's effective d	ate on the Departm	ent of State's re	cords.			
	iyed effective date.	but not an effec	ctive time, at 1	2:01 a.m. on th	e earlier of: (b)	The 90th day after t
filed.						
ed		2021				
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	Signat	ure of a member of	or authorized re	presentative of a (nember	