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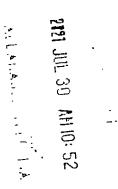
(Requestor's Name)
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COVER LETTER

TO: Registration So Division of Con			
	GISTICS LLC	•	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	Daytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Please return all correspo	ondence concerning this matter	to the following:	
	CLAUDIA DE VICENTE		
		Name of Person	
	AJAV LOGISTICS LLC		
		Firm/Company	
	2950 NW 13TH AVE		
		Address	
	MIAMI, FL 33142		
	***************************************	City/State and Zip Code	
	tagua67@yahoo.com		····
For further information of	toncerning this matter, please co		nication
CLAUDIA A DE VICENTE		786 716-6150	
Name c	of Person	at () Area Code Daytim	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AJAV LOGISTICS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Cor	mpany were filed on 06/07/2021	and assigned
Florida document number L21000262594	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
	,	2721 JUL
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
		, <u>.</u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>ent</u>	ter the name of the new regis
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street ado	Iress
		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 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>	Name	Address	Type of Action
MGR	CLAUDIA A DE VICENTE	2950 NW 13TH AVE	□ Add
		MIAMI, FL 33142	■Remove
AMBR	CLAUDIA A DE VICENTE	2950 NW 13TH AVE	= Add
		MIAMI. FL 33142	🗀 Remove
			Change O Add
			□Remove
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		52
an cl	ive date, if other than the date of filing: [06/07/2021] [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursually the date inserted in this block does not meet the applicable statutory filing requirements, this date will need a effective date on the Department of State's records.	iant to 605.0 ot be listed
reco I is t	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th led.	i day after
ated	07/23/2021	
	Signature of a member or authorized representative of a member	
	CLAUDIA A DE VICENTE	

Filing Fee: \$25.00