11/10/22, 12:23 PM

Division of Corporations



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(((H22000384849 3)))



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Io:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

Email Address: _____

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To: 18506176383 From: 14693173436 Date: 11/11/22 Time: 7:09 PM Page: 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000384849 3)))

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10:14/2022	and assigned
Florida document number L22000443060		~
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
Sosownghtslogistics LLC		
The new name must be distinguishable and contain the words "Limited Liabi		e abbreviation "L. L. C."
Enter new principal offices address, if applicable:	2521 N W 16TH ST	22
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE FLORIDA	<u> </u>
	33311	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ω
		· -
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	nume of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florido sireet address	
	Emer Pioriaa sireet aaaress	
	, Florida	
	City	Zıp Code

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.

To: 18506176383 From: 14693173436 Date: 11/11/22 Time: 7:09 PM Page: 03/04 (((H220003848493)))

If amending Authorized Person(s) authorized to manage, enter the fitte, 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
			DAdd
			[]Remove
			☐ Change
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			□Remove
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feetive date, if other than the date of filing: (optional) (optional) (optional)			(((H2200038484
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	LATASHA WRIGHT		
LATASHA WRIGHT	ALASHA WELFALLOW - 1991 (1.18-18.) Sign	ature of a member or authorized represent	ative of a member
	LATASHA WRIGHT		

To: 18506176383 From: 14693173436 Date: 11/11/22 Time: 7:09 PM Page: 04/04

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