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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

| Division of Corp   | porations                                    |  |                    |  |
|--|--|--|--------------------|--|
| SUBJECT: OC  | ean Universa                                 | 1 Logistics ited Liability Company   | UC_                |  |
| The enclosed Articles of a                                 | Amendment and fee(s) are sub                 | mitted for filing.   |                    |  |
| Please return all correspon                                | ndence concerning this matter                | to the following:  |                    |  |
|  | Jorge<br>Ocean (                             | Octaw Pulg<br>Name of Person<br>Iniversal Logis<br>Firm/Company  | aln<br>hics 110    | P  |
|  | 6324 nw                                      | 201 Lane   |                    |  |
|  | Håle   | Address  Ch PL 33015  City/State and Zip Code  84 @ 9mai L. Code  to be used for fludre annual report noti | OYO                | 2023 DEC 27 AM IO: 14<br>SECRETARY OF STREET<br>TALLANDAS SEET FOR |
| For further information co                                 | oncerning this matter, please c<br>a Capote  | all:<br>at 305 ) 497   | -3420              |  |
| Name of  | Person                                       | Area Code Daytim   | e Telephone Number |  |
| Enclosed is a check for th                                 | e following amount:                          |  |                    |  |
| 🗶 \$25.00 Filing Fee                                       | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | Certified          | e of Status &  |
| Mailing Address Registration S Division of Co P.O. Box 632 | section<br>orporations                       | Street Address:<br>Registration Se<br>Division of Cor<br>The Centre of T                                   | porations          |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| OCEON Univers  (Name of the Limited Liability Co. (A Florida Lin)   | on LOgistics on pany as it now appears on our resilted Liability Company) | LLC cords.)                        |
|---|---|------------------------------------|
| The Articles of Organization for this Limited Liability Comp<br>Florida document number <u>L 230 005 50 438</u> . | pany were filed on 12-13.   | —2023 and assigned                 |
| This amendment is submitted to amend the following:   |   |                                    |
| A. If amending name, enter the new name of the limited  | liability company here:   |                                    |
| 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 ADDRES.  | <u>s)</u>   |                                    |
| Enter new mailing address, if applicable:   |   | 2023 DE<br>SECRE                   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | 2 C 1                              |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here:     | fice address on our records, <u>en</u>                                    | iter the name of the new registere |
|   |   | ti ≠                               |
| Name of New Registered Agent:   |   |                                    |
| New Registered Office Address:  | Enter Florida street aa   | ldress                             |
|   |   | . 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

| Title<br>VP | Claudio Capote | Address 6324 nw 201 Lane Hidech   | Type of Action<br>F4 33015<br>XAdd |
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| ocument's effective date on the Department of   |                                       | statutory ining requir     | ements, mis date v     | VIII IIO      | oc fisted a  |
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| ned December 22   | 2023                                  |                            |                        |               |              |
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Filing Fee: \$25.00