LZZ 00003428 6

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations			
SUBJECT: MI	ning With 1	Jalue LC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Folhenne	Name of Person		
		Pirm/Company	 	
	7421 proki	Ma Rd Address		, , , , ,
	Berson	UC F 322		0
	Fablundi 77 E-mail address: (Of Mail (UW) to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please ca	all:	,	•
Fablony Name o	10 LUND f Person		CZ34 Telephone Number	
Enclosed is a check for the	ne following amount:			
S25.00 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 Addres Registration S		Street Address: Registration Sec	rtion	
Division of C		Division of Cor		
P.O. Box 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L2200003428</u> 6	were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ogistics LLC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7421 proxima Rollina Dacksynville Fl 320150
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: New Registered Office Address 1645 165	NE DICUMONC NET 15 th AVR Enter Florida street address NI BOOCH Florida 33160 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

Name	<u>Address</u> <u>T</u>	vpe of Action
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at a days of subscribes the day of 612-	(optional)	
effective date, if other than the date of filing:	ling or more than 90 days after filing.) Purs	mant to 605.0
e: If the date inserted in this block does not meet the applicable statute ument's effective date on the Department of State's records.	ory filing requirements, this date will	not be listed
cord specifies a delayed effective date, but not an effective time, at 12:0 sfiled.	OL a.m. on the earlier of: (b) The 90t	h day after
ed June 5th , 2623.		
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Signature of a member or authorized repres	sentative of a member	

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Filing Fee: \$25.00