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(Red	questor's Name)	
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(City	/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO:	Registration S Division of Co			
eup u		LLIANCE MANAGEMENT, I	LLC	
SUBJI		Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub	C .	
	·	MAX H SAINTIL	J	
			Name of Person	
		EMPERIOR CORPORAT	TION	
			Firm/Company	
		5233 NW 33RD AVE		
			Address	
		FORT LAUDERDALE, F	L 33309	
		MHS@EMPERIORCORP.	City/State and Zip Code COM	
		E-mail address: (to be used for future annual report noti	fication)
For fur	ther information o	oncerning this matter, please c	all:	
MAX I	H SAINTIL		772 243-8443	
	Name o	f Person		e Telephone Number
Enclose	ed is a check for the	ne following amount:		
≡ \$25	5.00 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRUST ALLIANCE MANAGEME	NT, LLC				
(Name of the Limite	d Liability Comp A Florida Limited	any as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Lic	ability Company	were filed on 03/29/2	023	and assign	ed
Florida document number 1.23000159073					
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liah	oility company here:			
LOGISTICS MGT, LLC					
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the design	ation "LLC" or the	abbreviation "L.L.C.	••
Enter new principal offices address, if applica	ble:	5233 NW 33RD AV	Е		
Principal office address MUST BE A STREET		FORT LAUDERDA	LE		
		FLORIDA 33309	····	2023 OCT	
			•	6	<u> </u>
Enter new mailing address, if applicable:		5233 NW 33RD AV	Е		(EEEEE
(Mailing address MAY BE A POST OFFICE B	OX)	FORT LAUDERDA	LE	70	9 6 4
·		FLORDIA, 33309	-		
B. If amending the registered agent and/or re agent and/or the new registered office address		address on our record	ds, enter the na	me of the new re	gistered
Name of New Registered Agent:	EMPERIOR CO	ORPORATION			
New Registered Office Address:	5233 NW 33RI) AVE			
		Enter Florida st	reet address		
	FORT LAUDE	RDALE	, Florida ³	33309	
		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 Changing Registered Agent, Signature of New Registered Agent

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
MGR	EMPERIOR CORPORATION	5233 NW 33RD FORT LAUDERDALE, FL 33309	⊠ Add
			□Remove
			□Change
MGR ———	MAX II SAINTIL	5233 NW 33RD FORT LAUDERDALE, FL 33309	₩Add
			□Remove
0.200			□Change
1 <u>16</u> K	Excelium Financialtro		□Add
		Ft. Laudardate, Fi. 3330	Remove
			Change
			□Add
			□Remove
			Change
			_ □Add
			□Remove
			_ Change
			_ □Add
			_ □Remove
			_ Change

D. If amending any other-information, enter change(s) here: (Attach additional sheets, if necessary.)
- Per Mr. Squittil regrest forbe
Exercium Finducial Fire From
Monoging Member and tegistered agent.
<u> </u>
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated OCTOBER 02 2023
Signature of intender or authorized representative of a member
MAX II. SAINTIL
Typed or printed name of signee

Filing Fee: \$25.00