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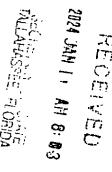
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ASA TYCEVISORY 3 LOCISTIC LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
A-YEX'S MILLER Name of Person
A3 A Transport 3 cogistics il
SSS IVY OF LOCAL AM Address
City/State and Zip Code
Catrans Porting istics in Community Con
For further information concerning this matter, please call:
Alexis Miller at (5701) 30) - 00149 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Uf \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

Division of Corporations

P.O. Box 6327 Fallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED Florida document number <u>L200003540100</u> 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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	<u>Address</u>	Type of Action
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			Remove
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Effective date, if other than the date of filing: If an effective date, if other than the date of filing: If an effective date is listed, the date must be specific and caunot 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 need the applicable statutory filing requirements, this date will not be fisted as document's effective date on the Department of State's records. The effective date and elayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated Team 1 2004 Signature of a member or authorized representative of a member		
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Signature of a member or authorized representative of a member	Dated	Jan, 11, 2024.
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		Signature of a member or authorized representative of a member