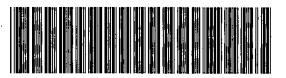
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COVER LETTER

TO: Registration Division of C	Section Corporations 7		
DMA LO	OGISTICS LLC		
30b0EC1	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	SHANDAH MARTIN		
		Name of Person	
	DMA LOGISTICS LLC		
		Firm/Company	
	4081 L B MCLEOD RD, S	SUITE C	
		Address	
	ORLANDO, FL 32811		
		City/State and Zip Code	
	SMNATIONWIDEMEDS@	GMAIL.COM to be used for future annual report notifi	ication)
For further information	n concerning this matter, please ca	·	(Carlotty
GREGGORY JACKS	ON	863 595-6857	
Nam	e of Person		Telephone Number
Enclosed is a check for	or the following amount:	*,	
□ \$25.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DMA LOGISTICS, LLC						
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)				
he Articles of Organization for this Limited I orida document number L14000043115	Liability Company	were filed on 03/14/2014	and assigned			
nis amendment is submitted to amend the fol	lowing:					
. If amending name, enter the new name	of the limited liab	ility company here:				
ne new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."			
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)		4081 L B MCLEOD RD				
		SUITE C				
		ORLANDO, FL 32811				
		4081 L B MCLEOD RD SUITE C ORLANDO, FL 32811				
Name of New Registered Agent:	DEEPAK PATEL		THE WAY			
New Registered Office Address:	4081 L B MCL	EOD RD, SUITE C	70 35			
	ORLANDO	Enter Florida street address , Floric	de 32811			
		, FIOTR	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>	Name	<u>Address</u>	Type of Action
MGR	DEEPAK PATEL	4081 L B MCLEOD RD, SUITE C	
		ORLANDO, FL 32811	□ Remove
			□ Change
MGR	STEWART RUSSELL	4081 L B MCLEOD RD, SUITE C	
		ORLANDO, FL 32811	Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			□ Add
			□ Remove
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Filing Fee: \$25.00