Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000172695 3)))



To:		
	Division of Corporations Fax Number : (858)617-6383	
From:	Account Name : ALVAREZ, SUAZO & ASSOCIATES Account Number : 120130000076 Phone : (305)388-7028 Fax Number : (305)479-2705	
	**Enter the email address for this business entity to be used for future annual report mailings! Enter only one email address please. **  Email Address:	
		· <del></del>
	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GLOBAL LOGISTICS & DISTRIBUTION, LLC	: 1/2
	Certificate of Status 0	-
	Certified Copy 0	
	Page Count 03	
	Estimated Charge \$25.00	

T GLASS JUN 1 2 2019

## ARTICLES OF AMENDMENT, TO ARTICLES OF ORGANIZATION OF

GLOBAL LOGISTICS & DISTRI			
(Name of the Lim	ited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Lishility Company)	<del></del>
The Articles of Organization for this Limited I Florida document number L14000069604	Liability Compa	ny were filed on 04/30/2014	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
NA			
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	7951 Riviera Blvd., Suite 210	
(Principal office address MUST BE A STRE		Miramar, FL 33023	
T. A		7951 Riviera Blvd., Suite 210	2019 J
Enter new mailing address, if applicable:		Miramar, FL 33023	<del></del>
(Mailing address MAY BE A POST OFFICE	<u>: 80X)</u>	[Managed and a second	
B. If amending the registered agent and registered agent and/or the new registered (  Name of New Registered Agent:			ster the name of the new ယ တ
	7951 Riviers	Blvd., Suite 210	
New Registered Office Address:	1731 12(11)	Enter Florida street address	
Miramar		Florid	33023
		City:	Zip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the project the obligations of my position as registery filed to merely reflect a change in the company has been notified in writing of this	ed agent and a per and comple istered agent a registered offi s change	gree to act in this capacity. I furthen the performance of my duties, and I is is provided for in Chapter 605, F.S.	am familiar with and Or, if this document is e limited liability
	Pag	e 1 of 3	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (crarge mgr. address preare) MGR = Manager AMBR = Authorized Member Type of Action Title Name Address MONSEUR, MICHEL F 10581 SW 155TH CT MGR APT 1221 □ Add MIAMI, FL 33196 □ Remove ■ Change □ Add ☐ Remove ☐ Change 22 28 Add Remay DE Change  $\ddot{\wp}$ S Add □ Remove Change D Add ☐ Remove □ Change ☐ Add ☐ Remove

☐ Change

If amending	any other information	on, enter change	(s) here: <i>(A)</i>	ttach additional	l sheets, if nec	essary.)	
						· · · · · · · · · · · · · · · · · · ·	
		,		<del></del>	<del></del>		
		-			<del></del>		
							-
		-	<u> </u>				
<u> </u>							<del></del> -
						1004 2 30 1 2006 - 0	20,
							L 6
<del></del>						<u></u>	===
				<u> </u>		<u> </u>	
						***	<b>P</b> (0)
					- <u></u> -	F-3 .	Ÿ
	<del></del>						<u> </u>
					·	<u> </u>	
<del></del>					<del></del>	··	
					4. 4	1	
Effective da If an effective é	te, if other than the da late is listed, the date must b	ate of filing: e specific and canno	t be prior to date	of filing or more t	han 90 days afte	i <b>onal)</b> r filing.) Pursu	iani to 605.020
	date inserted in this block iffective date on the Depa			antory filing rec	quirements, thi	is date will a	ot be listed a
document s c	neenve dag on the Dep	artificity of State 3	records.				
	pecifies a delayed e day after the recor		but not an	effective time	e, at 12:01	a.m. on th	ne earlier d
Dated MAY	30ТН	201					
Dated	<del></del>		· · · · · · · · · · · · · · · · · · ·				
	Nestra	nl'lide	1/				X
_ <del>_</del>		gnature of a membe	r or authorized	representative of a	member	<del>-</del>	<del></del>
	ONSEUR MICHEL F						
RA			1				
		Typed	or printed nam	c of signee			_ <del>_</del>

Page 3 of 3

Filing Fee: \$25.00