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SECRETARY OF STATES

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COVER LETTER

Division	a of Corp	orations		
BE SUBJECT:	LBEN LC	OGISTICS, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Art	ticles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all o	correspon	dence concerning this matter	to the following:	
		MERCEDES BELILTY		
			Name of Person	
			Firm/Company	
		1835 NE MIAMI GARDE	NS DR, APT. 269	
			Address	
		NORTH MIAMI BEACH.	, FLORIDA 33179	
		DESSY59@GMAIL.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further inform	mation cor	ncerning this matter, please ca	all:	
MERCEDES BE	ELILTY		954 732-4598 at ()	
	Name of I	Person		e Telephone Number
Enclosed is a che	ck for the	following amount:		
□ \$25.00 Filing	g 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:

TO:

Registration Section

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

BELBEN LOGISTICS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/10/2015}{1}$ and assigned Florida document number ____L15000063314 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L1,C" or the abbreviation "L1,C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 man registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street 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

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>	<u>Address</u>	Type of Action
MGR	SALOMON BELILTY	1835 NE MIAMI GARDENS DR.	B Add
		APT. 269	
			□ Remove
		MIAMI BEACH, FL 33179	☐ Change
			□ Add
			□ Remove
			☐ Change
			Remove
		<u></u>	Change
			Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
 -			Add
			□ Remove
			□ Change

N/A		
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ective date, if other than the	date of filing:	(optional) e of filing or more than 90 days after filing.) Pursuant to 605
effective date is listed, the date must e: If the date inserted in this blo	be specific and cannot be prior to date ock does not meet the applicable s	e of filing or more than 90 days after filing.) Pursuant to 605 statutory filing requirements, this date will not be list
ument's effective date on the De		manacy thing requirements, this date with not of this
record specifies a delayed he 90th day after the reco		effective time, at 12:01 a.m. on the earlie
OCTOBER 24	2019	
	med -	
	Signature of a member or authorized	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00