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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: MKC LONGISTICS UC 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:					
Reba - A. Correio Name of Person					
Mkc Logistics LLC Firm/Company					
P.O. Box 1898 Address					
Lake Placid, Fl 33862 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Reba . A. Correjo at (863) 840 · O917 Area Code Daytime Telephone Number	_				
Enclosed is a check for the following amount:					
□ \$25.00 Filing Fee B \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & □	tatus &				

★ 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

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000148639</u> .	y were filed on 08 31 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	960 US HWY 27 South Lake Placid, FL 33852
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.D. BOX 1898 Lake Placid, FL 33862.
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>

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

Page 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:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
		·	☐ Remove
			Change
			□ Add
			□ Remove
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	/		Ad8 *
			□ Remove
			Change.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)
Please correct my company name	
from MKC Longistics UC to	MKC
Please correct my company name from MKC Longistics UC to Logistics UC due to a mist	ty ped
error.	
	
	
	
,	
(option) (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	filing.) Pursuant to 605.0207 (3)(b
the record specifies a delayed effective date, but not an effective time, at 12:01 a) The 90th day after the record is filed.	.m. on the earlier of:
Dated	
1/26/17	3 49
Signature of a member or authorized representative of a member	APR CE
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Keba. A Corocio	
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Page 3 of 3	ED (2)

Filing Fee: \$25.00