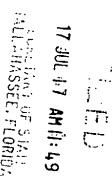
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## **COVER LETTER**

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:  KATHY RIANO-LOPEZ  Name of Person  LOGISTICS SUPPORT INTERNATIONAL, LLC						
Please return all correspondence concerning this matter to the following:  KATHY RIANO-LOPEZ.  Name of Person  LOGISTICS SUPPORT INTERNATIONAL, LLC						
Please return all correspondence concerning this matter to the following:  KATHY RIANO-LOPEZ.  Name of Person  LOGISTICS SUPPORT INTERNATIONAL, LLC						
Name of Person  LOGISTICS SUPPORT INTERNATIONAL, LLC						
Name of Person  LOGISTICS SUPPORT INTERNATIONAL, LLC						
LOGISTICS SUPPORT INTERNATIONAL, LLC						
	_					
FirnvCompany						
	_					
1001 IVES DAIRY ROAD, STE. 206						
Address	_					
MIAMI, FL 33179						
City/State and Zip Code	-					
MANAGER@LSILLCUSA.COM						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
KATHY RIANO-LOPEZ 305 2049551 at ()						
Name of Person Area Code Daytime Telephone Number	t					
Enclosed is a check for the following amount:						
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & □						

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

L	OGISTICS	SUPPORT	INTERNATIONAL	LLC
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(Name of the Limited Liability Company as it now appears on our records.)

(indice of the sound	(A Florida Limited l	Liability Company)	<del>((() (3)</del>
The Articles of Organization for this Limited L	iability Company	were filed on DECEMBER	R 9, 2015 and assigned
Florida document number L15000205459			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
	1 00 2 2 1 1 1 1 2		witch it is an in a
The new name must be distinguishable and contain the v	vords "Limited Liabi	, , ,	
Enter new principal offices address, if applicable:		1001 IVES DAIRY ROA	<u> </u>
<u>Principal office address MUST BE A STREE</u>	ET ADDRESS)	STE. 206	
		MIAMI, FL 33179	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		1001 IVES DAIRY ROA	לאואא אין אין אין אין אין אין אין אין אין א
		STE. 206	SERVE
		MIAMI, FL 33179	79 3 17
B. If amending the registered agent and registered agent and/or the new registered o			cords, enter the Name of the
Name of New Registered Agent:	RIANO & ASSOCIATES, LLC		
New Registered Office Address:	1001 IVES DA	IRY ROAD, STE. 206	
		Enter Florida street a	uddress
	MIAMI		_, Florida <u>33179</u>
		City	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.

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>	Address	Type of Action
MGR	KATHY RIANO-LOPEZ	1001 IVES DAIRY RD. STE. 206,	<b>=</b> Add
		MIAMI, FL 33179	□ Remove
			Change
			□ Remove
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<del></del>			
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ective date, if other than the effective date is listed, the date in this lift in this lift in this lift.	ust be specific and block does not m	cannot be prior the application	o date of filing o		s after filing.) P		
rument's effective date on the	Department of S	tate's records.					
record specifies a delaye he 90th day after the re	ed effective d cord is filed.	ate, but nol	an effective	e time, at 12	:01 a.m. or	the ea	arlier o
ed JULY 11	,	2017					
1000	10						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00