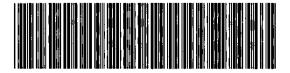
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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SECRETARY SEE, FLORID.

K. SALY APR 1 0 2017

COVER LETTER

	vision of Cor					
SUBJECT:		HSTICS, LLC				
SUBJECT.		Name of Limi	ited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		DARIEL INCLAN				
			Name of Person			
		TREE LOGISTICS, LLC				
			Firm/Company			
		8600 NW 17TH STREET SUITE 145				
		Address				
		MIAMI, FL 33126				
		City/State and Zip Code				
		DINCLAN@TREELOGISTICS.COM E-mail address: (to be used for future annual report notification)				
For further i	information c	oncerning this matter, please ca	•	Cation		
JOSE MAR	RIA SOLA M.	ATAS	305 909-6701			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for the	ne 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

2017APR -7 AM 10: 38

TALLAHABRY OF STATE

TREE 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 01/11/2016 and assigned Florida document number <u>LL6000004643</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: 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

Florida

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
MR	FARID ESCOBAR		Add
		8600 NW 17TH ST STE 145	■ Remove
			☐ Change
			☐ Remove
			Change
			□ Add
			PROPOSE TO THE Change
			ASSEL PAdd Removes
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change

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f an eff Note:	ive date, if other than the date of filing: MARCH 1ST. 2017 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ne red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	
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	Signature of a member authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00