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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Marvel Logistics LLC. 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:
Brian Villameva Name of Person
Marvel 109istics LLC.
Firm/Company 8849 Nw 145 Terrace Address Miami Lakes FL 33018 City/State and Zip Code
Miami Lakes FL 33018
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 556 1510 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{ Certificate of Status } \text{ \$\text{Certified Copy (additional copy is enclosed)}} \text{ \$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\$\text{\$\e
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section

Division of Corporations 7
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marvel Logistics	UC.
(<u>Name of the Limited Liability Comp</u> (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	y were filed on 01/20/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	SS49 NW 145 terrors
Enter new mailing address, if applicable:	#: 27
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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.

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGB	Nelson Villanueuca	8849 NW 145 terrace	Add
		Miami Lakes FL 33018	□ Remove
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		B. Vi	tim				
_		Signature of a	member or author	zed representative	of a member		

Page 3 of 3

Filing Fee: \$25.00