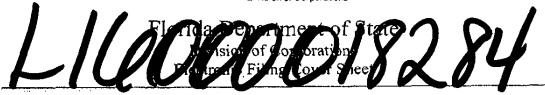
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FERNANDO JIMENO Account Number : 074553003252 Phone : (305)826-1711

Fax Number

: (305)826-1711

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				
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MMS 4 7013

Jun 23 16 01:21p

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		GISTICS LLC	
(Name of the Limit	ed Liability Compa (A Florida Limited)	any as it now appears on our re Liability Company)	cords.
The Articles of Organization for this Limited Li. Florida document numberL16000018284		•	
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
<u> </u>			
The new name must be distinguishable and contain the we	ords "Limited Liabi	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)		11190 NW 25th Street	
		Bldg 5 Suite 120	
		Doral, FL 33172	TA ~2
Enter new mailing address, if applicable:		11190 NW 25th Street	
(Mailing address MAY BE A POST OFFICE A	<u>80X)</u>	Bldg 5 Suite 120	m ₀ = 1
B. If amending the registered agent and/or the new registered of			
Name of New Registered Agent:			
New Registered Office Address:	11190 NW 251	th Street Bldg 5 Suite 120	
	- · · · · · · · · · · · · · · · · · · ·	Enter Florida street ac	ldress
	Doral		, Florida 333172
		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 Regules Agent, Signature of New Registered Agent

Page 1 of 3

(((חדפהתחבבסרס בו))

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

Title	<u>Name</u>	Address	Type of Action
AMBR	CATALINA SILVA	11190 NW 25th Street	Add
		Bldg 5 Suite 120	☐ Remove
		Doral, FL 33172	☐ Change
AMBR	CARLOS A BENAVIDES	11190 NW 25th Street	□ Add
		Bldg 5 Suite 120	☐ Remove
		Doral, FL 33172	□ Change
			Add Add Remayar
			SSEE O Change
			□ Change
			□ Remove
			☐ Change
			Add
			Remove
			Change

un 23 16 01:21p	Accounting Guide & Taxes	3058261738	p.4
D. If amending an	y other information, enter change(s) here: (At	tach additional sheets, if necessary.)	
			
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		70 Arc. 70 Arc	
R Effective date	if other than the date of filing:	(optional)	2
Note: If the date	if other than the date of filing: is listed, the date must be specific and cannot be prior to date inserted in this block does not meet the applicable so ctive date on the Department of State's records.	e of filing or more than 90 days after filing.) Eursuan statutory filing requirements, this date with not	to 195.0207 (3)(b) be listed as the
	ecifies a delayed effective date, but not an ay after the record is filed.	effective time, at 12:01 a.m. on the	earlier of:
Dated JUNE 2	2016		
	Signature of a member of a hundraged	epresentative of a member	
	CARLÓS BENAVI		

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