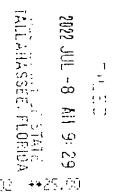
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## **COVER LETTER**

TO:

TO:	Registrat Division					
SHRJE	·CT·	FILI	Crys-lad LL Name of Li	C		
			Name of Li	imited Liability Co	mpany	
The end	closed Artic	eles of Ar	nendment and fee(s) are su	ubmitted for filin	g.	
Please	return all co	iτespond	ence concerning this matte	er to the followin	g:	
			<u>Lilia</u>	JunuSOV Name of	2 Person	
			Elli Crys	tal LL Firm/Con	mpany	<del></del>
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				3280 City/State and		
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For fur	ther informa	ation con	cerning this matter, please		·	
į	Lilia	Yun	wsova	at (40	7 885-	2439 ne Telephone Number
	1	Name of P	erson	Area	Code Daytin	ne Telephone Number
Enclose	ed is a chect	k for the	following amount:			
☑ \$2:	5.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & d Copy al copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing A Registra Divisior P.O. Bo Tallahas	tion Sec of Cor x 6327	porations		Street Address: Registration Sc Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rLLT.	Cristal LLC.	
(Name of the Limited Link	bility Company as it now appears on our records.)	
(A Flor	rida Dimited Liability Company)	
The Articles of Organization for this Limited Liability		6 and assigned
Florida document number <u> </u>	·	10L
This amendment is submitted to amend the following:	:	(m) (m)
A. If amending name, enter the new name of the li	imited liability company here:	
ELII Logistics LL		9: 2 181:
The new name must be distinguishable and contain the words "L		
m a construction of a distance of an elicable.		
Enter new principal offices address, if applicable:		
( <u>Principal office address MUST BE A STREET AD</u>	DRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	·	1-1
B. If amending the registered agent and/or register agent and/or the new registered office address here		e of the new registered
agent and/of the new registered office address nere	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zin 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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