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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	Idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
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COVER LETTER

TO: Registration So Division of Co			
	ISTICS LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RAQUEL MOWRER		
	OGC ASSOCIATES ORL	Name of Person ANDO CORP	
	7065 WESTPOINTE BLV	Firm:Company	<u></u>
		Address	
	ORLANDO - FL 32835	Cin Cuts and Tin Code	
	INFO@OGCORLANDO.C	City/State and Zip Code COM to be used for future annual report notifi	gation
For further information	eoncerning this matter, please e		Cattons
RAQUEL MOWRER		407 9850-4404	
Name	of Person		Telephone Number
Enclosed is a check for	the 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)
	(BVO ADDITION	CTDFET/COUDI	EB ANNDESS.

MAILING ADDRESS:

TO:

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**



M2R LOGISTICS LLC

(A Florida L	Limited Liability Company)	ecords.
The Articles of Organization for this Limited Liability Cor	mpany were filed on 03/31/2016	and assigned
Florida document number L16000064422		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office addre		cords, <u>enter the name of the 1</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a	nd agree to act in this capacity	. I further agree to comply with

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	IDEAL CONSULTANCY	6965 PIAZZA GRANDE	
AMBR	GROUP INC		
		SUITE 309	
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		ORLANDO, FL 32835	
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fect	ive date, if other than the date of filing: (optional)
ın et`	fective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
сип	ent's effective date on the Department of State's records.
	the second secon
re The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier $lpha$
ited	September 24. 2018

Page 3 of 3

Filing Fee: \$25.00