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. (Re	questor's Name)	<u>.</u>
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SECRETARY OF STATE
TALLAHASSEE, FLORD

S Warren MAY - 8 2017

COVER LETTER

TO:	Registration Se Division of Cor					
CUDU		STICS OF BUSINESS,LLC				
SUBJI	ECI:	Name of Lim	nited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
			JULIO C CORTEZ			
			Name of Person			
		THE	LOGISTICS OF BUSINESS,LLC			
			Firm/Company			
		2711	S. OCEAN DR. APT 1503			
			Address			
		H	OLLYWOOD, FL 33019			
			City/State and Zip Code			
			ZALEMAN@YAHOO.COM.MX	, <u></u>		
For fur	ther information co	E-mail address: (oncerning this matter, please c	to be used for future annual report notifiall:	cation)		
JULIC	C CORTEZ		786 314-35-54			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	ne following amount:				
□ \$2:	5.00 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**

	ISTICS OF BUSINESS,LLC	
(Name of the Limite	d Liability Company as it now appears on our reco A Florida Limited Liability Company)	rds,)
The Articles of Organization for this Limited Lia	ability Company were filed on 05/17/2016	and assigned
Florida document number L16000096853		_
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
2 If amonding the projectored agent and/o		do onton the name of the
		ds, enter the name of the
		ds, enter the name of the
		ds, enter the name of the
registered agent and/or the new registered off Name of New Registered Agent:		ds, enter the name of the
egistered agent and/or the new registered off		
	ice address here: Enter Florida street addr	

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 Registerer

Page 1 of 3

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>	<u>Address</u>	Type of Action
MGR	JOSE A CORTEZ BUZNEGO	2711 S OCEAN DR. UNIT 1503	Add
		HOLLYWOOD, FL 33019	Remove
			Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			□ Change
<u> </u>			□ Add
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		· · · · · · · · · · · · · · · · · · ·	Thenge Thenge
			SE PER REMOVE
			TATE CONTRACTOR

JULIO C CORTEZ 50% CAPITAL OR PARTICIPATION			
JOSE A CORTEZ BUZNEGO 50% CAPITAL OR PARTICIPATION			_
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Effective date, if other than the date of filing:	_ (optional)		
f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 on Note: If the date inserted in this block does not meet the applicable statutory filing requirements.	days after filing.) Pursi	uant to 6 not be li	05.0207 (3 sted as th
document's effective date on the Department of State's records.	,		
e record specifies a delayed effective date, but not an effective time, at 1 The 90th day after the record is filed.	.2:01 a.m. on th	ne ear	lier of:
, MAY 2 2017		,	+ \$**
Dated, ,	E SE	7	
	二三	X	
Julio 11ta		_	
Signature of a member or authorized representative of a member	ALT ASS	-5	7
Signature of a member or authorized representative of a member JULIO C CORTEZ Typed or printed name of signee	AHASSEE,	-5 6	FILED

Page 3 of 3

Filing Fee: \$25.00