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COVER LETTER

Registration Section Division of Corporations

TO:

SANSONI SUBJECT:	GROUP LOGISTICS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
THE RESIDENCE OF THE PARTY OF T				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	THIAGO SANSONI			
		Name of Person		
	DOMENICO SANSONI I	LLC		
		Firm/Company		
	1952 NW 93rd Ave.			
		Address		
	DORAL, FL 33172			
		City/State and Zip Code		
	THIAGOSANSONI@HOT	MAIL.COM		
•	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
THIAGO SANSONI		786 3184425 at ()		
Name o	of Person		e Telephone Number	
Enclosed is a check for the	he following amount:			
	-	□ 655 00 EE E P-	□ \$60.00 EU F	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:	.•	
Registration Section		Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, 1			e Street, Suite 810	
- our commence of the pro-		Tallahassee, FL		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Company Torida document number L16000144791	were filed on AUG/02/2	and assigned		
This amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liab	oility company here:			
DOMENICO SANSONI LLC				
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation			
nter new principal offices address, if applicable:	SAME	20 F		
Principal office address MUST BE A STREET ADDRESS)		# B 11		
				
		≔ ,		
nter new mailing address, if applicable:	SAME	<u> </u>		
Mailing address MAY BE A POST OFFICE BOX)	 	5° 5		
B. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records	, enter the name of the new regi		
Name of New Registered Agent.	<u>.</u>			
New Registered Office Address:	Enter Florida stree	et address		
	. Florida			
	City	Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

SANSONI GROUP LOGISTICS LLC

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
			□Remove
			□Change
			□Add
			□Remove
		·	□Change
			□Add
		 	··· • • • • • • • • • • • • • • • • • •
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/Signature of a member or authorized representative of a member	is filed.	x 27-12			-			
	is filed.	y 21th						