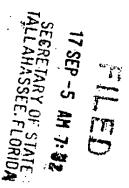
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COVER LETTER

TO:	Registration Sec Division of Corp				. •	
SUBJ	ест: Ду	NAMICO (OGISTIC S	SOLUTTOA ability Company	S	
The e	nclosed Articles of A	mendment and fee	(s) are submitted	l for filing.		
Please	return all correspon	dence concerning t	his matter to the	following:		
			JARR	o Burch		
				Name of Person		
			DIMAMIC	o Logistics	SOLUT	70NS
				Firm/Company		
			Po	Box 528	025	
				Address		
			Miami		52	
			•	//State and Zip Code	4	
		E-ma		sed for future annual re		
For fu	rther information co	ncerning this matte	r, please call:			
	JARKO	Buacle		at (954) 6	82 - 77	22
	Name of	Person		Area Code	Daytime Tele	phone Number
Enclo	sed is a check for the	following amount	:			
ba \$2	25.00 Filing Fee	□ \$30.00 Filing Certificate of		\$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed)	□ \$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

Dynamico Logis	STICS SOLUTIONS	
(Name of the Limited Liability Compan (A Florida Limited Li	i <mark>y as it now appears on our records.</mark>) iability Company)	
The Articles of Organization for this Limited Liability Company v. Florida document number	were filed on $\frac{2/69/2}{}$	2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal c) fice address MUST BE A STREET ADDRESS)	'	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered off		enter the name of the nev
registered agent and/or the new registered office address here Name of New Registered Agent:	: N/A	17 SEER
New Registered Office Address:	Enter Florida street address	HASSET TO THE
	, Flori	ida S Zin Code
New Registered Agent's Signature, if changing Registered Agent:	er au e	ALE RIDE
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I furth	ner agree to comply with the

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 Title **Type of Action Address** Name 8326 COMMERCE WAY, APT 283 Add GUSTAVO CARVASAL AMBR MIAMI, FL 330/6 ☐ Change □ Add ☐ Remove _□ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

☐ Change

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effective te: If th	late, if other that e date is listed, the de e date inserted in s effective date on	ate must be speci this block does	ific and ca s not mee	nnot be protect the app	ior to date licable st	of filing o	or more than 9	0 days afte	ional) r filing.) I s date w	Pursuant ill not b	to 605.0 e listed
record The 90t	specifies a de th day after th	layed effect e record is f	ive dat iled.	e, but r	not an (effectiv	e time, a	12:01	a.m. oı	n the ϵ	earlier
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Filing Fee: \$25.00