

| (Re | questor's Name) | |
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| (Ad | ldress) | |
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| (Ad | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (D.) | | |
| (Bu | isiness Entity Nar | ne) |
| (Do | ocument Number) | <u> </u> |
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| Certified Copies | _ Certificate: | s of Status |
| · - | | |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

| | Registration Sec Division of Corp | | | | |
|----------------|--------------------------------------|--|---|--|---------------------|
| eun inc | | Logistics LLC | | | |
| SUBJEC | -1: | Name of Lim | ited Liability Company | | |
| | | Amendment and fee(s) are sub | - | | |
| r lease re | turn an correspon | Ryan Pontigo | to the following. | | |
| | | <u> </u> | Name of Person | | |
| | | Equilibrium Logistics LLC | | | |
| | | | Firm/Company | | |
| | | 2141 NE 42nd ST APT 10 | 4 | | |
| | | | Address | | 1 773: Cl |
| | | Lighthouse Point, FL 3306 | 4 | | コ |
| | | Equilibriumlogisticsllc@gn | City/State and Zip Code nail.com | | 7 J. W. 31 PH 4: 00 |
| | | E-mail address: (| to be used for future annual report notification | ation) | P |
| For furth | er information co | oncerning this matter, please ca | all: | | ا المالية |
| Bakhtya | rulla Siddiqui | | 786 365-5351 at (| | 99 |
| , | Name of | f Person | | elephone Number | |
| Enclosed | d is a check for th | e 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) | |
| | | ING ADDRESS: ation Section | STREET/COURIED Registration Section | | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Equilibrium Logistics LLC | | |
|--|--|--|
| (<u>Name of the Limited Liabil</u> (A Florid | ity Company as it now appears on our records.) a Limited Liability Company) | |
| The Articles of Organization for this Limited Liability C Florida document number L17000010892 | Company were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designation "LLC" or | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | (j) |
| (Principal office address MUST BE A STREET ADDI | RESS) | 1 [2] |
| | | |
| | | 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3 |
| Enter new mailing address, if applicable: | | المارة المارة |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| MINISTER MAN DE MINISTER MAN D | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| - | Enter Florida street address | |
| | , Florid | da |
| | City | Zip 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, <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 |
|--------------|-----------------------|----------------------------|----------------|
| AMBR | Ryan Pontigo | 2141 NE 42nd ST APT 104 | |
| | | Lighthouse Point, FL 33064 | ☐ Remove |
| | | | ☐ Change |
| AMBR | Bakhtyarulla Siddiqui | 12872 SW 203rd ST | |
| | | Miami, FL 33177 | ☐ Remove |
| | | | ☐ Change |
| | | | Adds |
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| | | 1/1/17 | | | | | | |
| Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D | st be specific and lock does not n | d cannot be price neet the appli | cable statuto | ry filing req | an 90 days afte uirements, thi | onal) r filing.) Pursuant to s date will not be | 605.0207 listed as | (3)(b) the |
| the record specifies a delayed) The 90th day after the rec | d effective o ord is filed. | date, but n | ot an effec | tive time | , at 12:01 | a.m. on the ea | rlier of | ·; |
| January 26th Dated | | 2017 | · | | | | | |
| | Bakungs | | | | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00