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COVER LETTER

TO: Registratic Division of	on Section Corporations		
ARQ1	LOGISTICS LLC		
SUBJECT:	Name of Lim	nted Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all con	respondence concerning this matter	to the following:	
	CHRISTIAN VERA		
		Name of Person	
	ARQ LOGISTICS LLC		
		Firm Company	
	501 SW 10 ST #5		
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	arqlogistics@outlook.com		
For further informati	L-mail address; (ion concerning this matter, please c	to be used for future annual report notifull;	reation)
CHRISTIAN VERA		786 942 5038 at ()	
Na	ime of Person	Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
■ \$25 00 Fiting Fe	e 🔲 \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Fiting 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 266) Executive Center Circle l'allahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARQ LOGISTICS LLC			
(Name of the Lim	ited Liabitity Com (A Florida Limaco	pany as it now appears on our records.) I Liabdity Company)	
The Articles of Organization for this Limited I		y were filed on 05/03/2017	and assigned
lorida document number 1.17000099005	·		
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited lia	bility company here:	
NA.			
the new name must be distinguishable and contain the	words "Emiliated Lini	othry Company," the designation "LLC" or r	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NA	
Principal office address MUST BE A STRE.	ET ADDRESS)		
			
nter new mailing address, if applicable:		NA	
<u>Mailing address MAY BE A POST OFFICE</u>	(BOX)		
. If amending the registered agent and egistered agent and/or the new registered of			iter the name of the
			7
Name of New Registered Agent:	NA		
New Registered Office Address:	NA		(h)
New Registered Office Address.		Enter Florida street address	3
		, Florid:	, <u></u> ,
		City	Zip 👸 le

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, 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	VANESSA MOSQUERA	340 W FLAGLER ST #2701	
		MIAMI, FL 33130	D."
			☐ Change
			□ Add
			Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			☐ Change

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		<u> </u>
ctive date, if other than the	date of filing: be specific and cannot be prior to date of filing or	(optional)
effective date is listed, the date must . If the date inserted in this blo	be specific and cannot be prior to date of filing or ack does not meet the applicable statutory fill	more than 90 days after filing.) Pursuant to 605.0 ing requirements, this date will not be listed
ment's effective date on the De		
ecord specifies a delayed e 90th day after the reco	effective date, but not an effective ord is filed.	time, at 12:01 a.m. on the earlie
JUNE 29TH	2017	
		ve of a member

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Typed or praited name of signee

Filing Fee: \$25.00