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Division of Corporation

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L17000151036

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number: 1 850 617-6383

From: Account Name: SUNBIZ, Inc., INC.
Account Number: 120070039163
Phone: 1 800 644-7324
Fax Number: 1 305 675-0811

Enter the email address for this business entity to be used for future annual report filings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRIBUS LOGISTICS, LLC

Certificate of Status	0
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OCT 01 2017

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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TRIBUS LOGISTICS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JULY 14TH, 2017 and assigned Florida document number L17000151036

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8600 NW SOUTH RIVER DRIVE SUITE 202

MEDLEY, FLORIDA 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8600 NW SOUTH RIVER DRIVE SUITE 202

MEDLEY, FLORIDA 33166

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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

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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>	<u>Type of Action</u>
AMBR	JOSE R MUCHACHO	2447 EAGLE RUN DRIVE	☐ Add
		WESTON, FL 33327	☐ Remove
			☒ Change
AMBR	ESTEBAN VARGAS	17450 SW 22ND ST	☐ Add
		MIRAMAR, FL 33029	☐ Remove
			☒ Change
AMBR	CAROLINA A ELIAS-STEVENSON	7941 SHALIMAR	☐ Add
		MIRAMAR, FL 33323	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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(b) The 90th day after the record is filed.

134126

Signature of a member or authorized representative of a member

JOSE R MUCCIACHIO

Typed or printed name of signer