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| (Re | equestor's Name) | |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: I | Registration S Division of Co | Section orporations | | |
|-------------|----------------------------------|---|---|-------------|
| SUBJEC | SPEEED | LOGISTICS LLC | | |
| CODULC | 1 | Name of Li | imited Liability Company | |
| | | | | |
| The enclo | sed Articles o | f Amendment and fee(s) are su | ubmitted for filing. | |
| Please rett | urn all corresp | ondence concerning this matte | er to the following: | |
| | | LAZARA RODRIGUEZ | | |
| | | | Name of Person | |
| | | BEST TRANSPORT AN | ID CARRIER SERVICES INC | |
| | | | Firm/Company | |
| | | 3182 W 78 ST | | |
| | | | Address | |
| | | HIALEAH FL 33018 | | |
| | | | City/State and Zip Code | |
| | | bestcarrierservices@gmail. | | |
| | | E-mail address: | (to be used for future annual report notification) | |
| For further | information o | concerning this matter, please of | call: | |
| ANDRES | ARADO | | 904 327-7077 at () | |
| | Name o | f Person | Area Code Daytime Telephone Number | |
| | | | · | |
| | | ne following amount: | | |
| ■ \$25.00 | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Co (additional copy | of Status & |
| | Registr Divisio P.O. Bo | ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314 | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SPEED LOGISTICS LLC

| (Name of the Limited Lis (A Fig. | orida Limited Liability Company) | C. FLORIDA |
|---|---|---|
| | 07/29/2012 | 1 201 |
| The Articles of Organization for this Limited Liabilit | ry Company were filed on 0//28/2017 | and assigned |
| Florida document number L17000161369 | | |
| This amendment is submitted to amend the following | y : | |
| 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 AD | DRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| | | |
| (Mailing address MAY BE A POST OFFICE BOX) | · · · · · · · · · · · · · · · · · · · | |
| | | |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | gistered office address on our records, <u>enté</u> ddress here: | r the name of the new |
| | | |
| Name of New Registered Agent: | | <u> </u> |
| New Registered Office Address: | | |
| 110W Registered Office Address. | Enter Florida street address | |
| | , Florida | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registe | red Agent: | |
| I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang | complete performance of my duties, and I am agent as provided for in Chapter 605, F.S. Or ared office address, I hereby confirm that the li | familiar with and to if this document is |

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 |
|--------------|------------------|----------------------------|----------------|
| MGR | LAZARA RODRIGUEZ | 1535 BLANDING BLVD APT 519 | _ |
| | | MIDDLEBURG FL 32068 | Remove |
| | | | ☐ Change |
| MGR | ANDRES ARADO | 1535 BLANDING BLVD APT 519 | |
| | | MIDDLEBURG FL 32068 | ☐ Remove |
| | | | ☐ Change |
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| Effective date, if other fan effective date is listed, to Note: If the date inserted document's effective date | he date must be I in this block | specific and does not me | cannot be pri | icable statu | filing or more tory filing r | than 90 day | optional safter filing s, this date | z.) Pursuant i | to 605.02 e listed : |
| e record specifies a The 90th day after | delayed ef the record | fective da is filed. | ate, but n | ot an eff | ective tim | e, at 12: | 01 a.m. | on the e | arlier : |
| ated AUGUST 1 | · | ; ; | 2017 | U D | | | | | |
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Page 3 of 3

Filing Fee: \$25.00