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## **COVER LETTER**

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SUBJE		Logistics LLC		·
BUDJE	C1	Name of Lim	ited Liability Company	· .
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	eturn all correspo	ndence concerning this matter	to the following:	
		Daniel Sultan		
			Name of Person	
		South Gold Logistics		
			Firm/Company	
		19950 West Country Club	Dr. #904	
			Address	
		Aventura, FL 33180		
		densitients of the	City/State and Zip Code	
		danchisultan@gmail.com  E-mail address: (	to be used for future annual report noti	fication)
For furt	her information co	oncerning this matter, please ca	all:	
Daniel	Sultan		347 9931023 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	ne 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)

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

South Gold Logistics LLC		
(Name of the Limited L (A F	lability Company as it now appears on our recording to limited Liability Company)	ds.)
The Articles of Organization for this Limited Liabil Florida document number L17000194787	lity Company were filed on	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	,
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>	FILED PH
B. If amending the registered agent and/or registered agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess
	, <b>F</b>	lorida
, _	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00