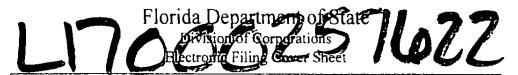
3/5/23, 14:00

Division of Corporations



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(((H230001661063)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GARCIA GARCIA ASSOCIATES INC

Account Number : I20110000056 : (305)823-9292 Phone Fax Number : (305)824-0703

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

 ${\tt Email\ Address:} \underline{payment@taxconsultantsgroup.com}$

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SUNSHINE XPRESS LOGISTICS	LLC					
(Name of the Limit	ted Liability Com (A Florida Limite	nany as it now appears on our recorded Liability Company)	<u>1,</u>)			
The Articles of Organization for this Limited L Florida document number £17000257622	iability Compa	ny were filed on December 18, 201	17	and ass	igned	
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited li	ability company here:				
N/A						
The new name must be distinguishable and contain the	vords "Limited Lis	bility Company," the designation "LLC	or the abbr	eviation "L.	L.C."	
Enter new principal offices address, if applic	able:	N/A				
(Principal office address MUST BE A STREE	TADDRESS)					<u> </u>
						
Enter new mailing address, if applicable:		N/A				
	BOY					
(Malling address MAY BE A POST OFFICE	<u>BUX)</u>					
B. If amending the registered agent and/or agent and/or the new registered office address		e address on our records, <u>enter</u>	the name	- ·	7023 HA	<u>stered</u>
Name of New Registered Agent:		·· • • • • • • • • • • • • • • • • • •			<u>~</u>	- :.
New Registered Office Address:		Enter Florida street addres	<u> </u>	-	<u>۔</u> -	크 갈개
					:	€ 52 <u>×</u>
		City, F10	orida	Zip Code	<u></u> !	 '_
New Registered Agent's Signature, if changing	Registered Ager	nt:		Zip Code		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and comple istered agent a registered offi	te performance of my duties, ar is provided for in Chapter 605,	rther agre nd I am fai F.S. Or, if	e to comp miliar wit this docu	aly wi h and iment	l
H23000166106 3	irci	nanging Registered Agent, Signature o	f New Regis	tered Agen		

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
AMBR	FARRAJ, ESA MAJED	16850 NW 27 AVE MIAMI GARDENS, FL 33056	🗃 Add
			□Remove
			Change
			□Add
			DRemove
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			GChange

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