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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Ly	cus Logisti	e Associates ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Marshall	Name of Person	
	Lycus Log	Sistics ASSOCIO	ites LL C
	9 Cardi	e Way	
	Boynton	Beach FL 33	426
	Marshall R. E-mail address:	City State and Zip Code Cuto & March Code o be used for future armual report notific	cation)
For further information c	oncerning this matter, please ca	dl:	
Marshall Name o	Rey notes f Person	at (305 890 Area Code Daytime	O 30/4 Telephone Number
Enclosed is a check for the	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 Tullahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Name of the Limited Liability Company (A Florida Limited Lia	Associates LLC vas it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L { Q 0 000 200 14</u> .	rere filed on Sow 23 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity 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)	Boynten Beach FL 33426
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9 Cardiff Way Boynton Beach FL 3342
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, enter the name of the manner o
Name of New Registered Agent:	E n
New Registered Office Address:	Enter Florida street address
 -	City Zip Coxie
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

MGR = Manager AMBR = Authorized Member Title Address Name Type of Action Rudis A Barrera 9 Cardiff Way 13-1726
Boynton Beach Fr 33426 ☐ Change MGR Raymond Grinner 515 Flas olas Ste 120 Add

Fort Laulerbale FL 33301 gremove ☐ Change ☐ Remove □ Add ☐ Remove Change _□ Add ☐ Remove □ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add

or removed from our records:

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		ffective date, if other than the date of filing: 5000 as possible (optional)		
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a:		beament 3 effective date on the Department of State 3 feedings.	
uneiles effective unic on the Department of State 2 (ecolos)	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0203 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.	ocument 5 effective date on the Department of State 5 fections.		ne, at 12:01 a.m. on the earlier
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