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T. MATTHEWS MAY 24 2022

## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations		
SURFGIST	TCS LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	YOUSEF ANTEBI		
		Name of Person	
	SURFGISTICS LLC.		
		Firm/Company	
	323 SUNNY ISLES BLVI	O SUITE 744	
		Address	
	SUNNY ISLES BEACH.	FL, 33160	
		City/State and Zip Code	
	JOE@SURFGISTICS.COM		
	E-mail address: (	to be used for future annual report notific	cation)
For further information of	oncerning this matter, please ca	all:	
YOUSEF ANTEBI		917 7768093 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	S30.00 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 S Division of C P.O. Box 632 Tallahassec,	Section Torporations 17	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Illahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N FILLED SECRETARY OF STATE BIVISION OF CORPORATIONS

SURFGISTICS LLC.

22 APR 18 PM 3: 24

(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 Lia	ability Company	were filed on <u>2-28-2018</u>	and assigned
Florida document number L18000054072	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
NA			
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	NA	
(Principal office address MUST BE A STREE		NA	
Time par office address Frod 1 BE TO GIABLE TO BE TO SHEED OF	NA		
Enter new mailing address, if applicable:		NA	
(Mailing address MAY BE A POST OFFICE BOX)	NA		
	NA		
B. If amending the registered agent and/or reagent and/or the new registered office addres		address on our records, enter the	e name of the new registered
Name of New Registered Agent:	NA		
New Registered Office Address:	NA		***
		Enter Florida street address	
	NA		da <u>NA</u>
		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 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	<b>Type of Action</b>
NA	NA	NA 	□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Remove
			☐ Change
			□Adđ
			□Remove
			□ Change
			☐Remove
			□Change
	·		□Add
			□Remove

TC	TRANSACT CUSTOMS BUSINESS AS A CUSTOMS BROKER AND PEROFRM MARITIME SERVICES
AS	S A FREIGHT FORWARDER AND A NON-VESSEL-OPERATING COMMON CARRIER.
	~
lect If	e date, if other than the date of filing:
d s led	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte
A	PRIL 13  2022  Signature of a member or authorized representative of a member