

L18000162767

Florida Department of State
Division of Corporations
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Email Address: Bluedolphinlogisticsllc@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLUE DOLPHIN LOGISTICS LLC**

| | |
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For Audit H200006725563

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE DOLPHIN LOGISTICS LLC

(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 Liability Company were filed on 7/5/2018 and assigned
Florida document number L18000162767

This amendment is submitted to amend the following.

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|--------------------------|--|
| MGR | Georgina Morilla | 1102 RIVER RUN | <input type="checkbox"/> Add |
| | | LABELLE, FL 33935 | <input checked="" type="checkbox"/> Remove |
| AMBR | Gerardo Martinez | 1102 RIVER RUN | <input type="checkbox"/> Add |
| | | LABELLE, FL 33935 | <input checked="" type="checkbox"/> Remove |
| AMBR | Isidora Tamayo | 555 N Palm St | <input checked="" type="checkbox"/> Add |
| | | Clewiston, Florida 33440 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated 03/01/2020

Isidora

Signature of a member or authorized representative of a member

Isidora Tamayo, Member

Typed or printed name of signee

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CLERK OF DISTRICT COURT
STATE OF CALIFORNIA