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COVER LETTER

SUBJECT:	FARAMAW	4 EOGISTICS LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	amendment and fee(s) are sub-	mitted for tiling.	
Please return	all correspor	dence concerning this matter	to the following:	
		ADELAIDA FARAMAW	1	
			Name of Person	
			Firm/Company	
		4301 PARADISE COVE C	T	
			Address	•
		KISSIMMEE, FL 34746		
			City/State and Zip Code	-
		mfaramawi@gmail.com		
		E-mail address: (t	to be used for future annual report r	otification)
For further in	nformation co	ncerning this matter, please ca	di:	
ADELAIDA	FARAMAW	/1	407 879-6704 at ()	
	Name of	Person	Area Code Day	time Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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 Section Division of Corporations

TO:

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

FARAMAWI LOGISTICS LLC		
(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	ry on our records.)
The Articles of Organization for this Limited I Florida document number 1.18000171052	iability Company were filed on	25 25 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28
This amendment is submitted to amend the following	lowing:	FL H
A. If amending name, enter the new name of	of the limited liability company h	ere:
The new name must be distinguishable and contain the selection of the sele	cable:	designation "L.L.C" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and registered agent and/or the new registered of		n our records, enter the name of the new
Name of New Registered Agent:	ADELAIDA FARAMAWI	
New Registered Office Address:	4301 PARADISE COVE CT	
	Enter Flo	rida street address
	KISSIMMEE	Florida <u>34746</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.

f 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>	<u>Name</u>	Address	Type of Action
AMBR	ADELAIDA FARAMAWI	4301 PARADISE COVE CT, KISSIMMEE, FL 34746	■ Add
			□ Remove
			☐ Change
CEO	ADELAIDE FARAMAWI	4301 PARADISE COVE CT, KISSIMMEE, FL 34746	Add
			■ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			_ Change

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Note: If to document If the record	date, if other than the ve date is listed, the date muthe date inserted in this bits effective date on the Edd Specifies a delaye	lock does not meet the Department of State's re d effective date, b	applicable statutory (ecords.	iling requirements, th	nis date will not b e	listed as the
(b) The 90	Oth day after the red CTOBER, 24	cord is filed.		,		

Page 3 of 3 Filing Fee: \$25.00