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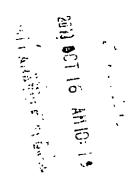
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SPR GLOE	BAL STORAGE & LOGISTIC	S, LLC	
SUBJECT.	Name of Lim	ited Liability Company	5
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	₹.
	DAVID SIMPKINS		
		Name of Person	1.
	SPR GLOBAL STORAGE	E & LOGISTICS, LLC	
		Firm/Company	
	10450 NW 29TH TER		
		Address	
	DORAL, FL 33172		
	david@southernpetroleumr	City/State and Zip Code esources.com	
	E-mail address: (	to be used for future annual repor	t notification)
For further information c	concerning this matter, please c	all:	
LYDIA DESNOYERS		305 503-56	99
Name o	of Person	Area Code D	aytime Telephone Number
Enclosed is a check for t	he 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)
	ING ADDRESS: ration Section	STREET/CO Registration 9	OURIER ADDRESS:
Divisio	on of Corporations	Division of C	orporations
	ox 6327 assee, FL 32314	Clifton Build 2661 Executi	ng ve Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PR GLOBAL STORAGE & 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 I	Liability Company were filed on	2018 and assigned
Florida document number L18000192181	·	•
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	<u>~</u> .	r records, enter the name of the
	1100 BRICKELL BAY DR	
New Registered Office Address:	Enter Florida s	street address
	MIAMI	, Florida 33130

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DAVIÐ SIMPKINS	1100 BRICKELL BAY DR. 40-D MIAMI, FL 33130	<b>⊒</b> Add
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			☐ Change
			Remove
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E. Effective date, if other than the date (If an effective date is listed, the date must be sp Note: If the date inserted in this block do document's effective date on the Department.	secific and cannot be prior to date oes not meet the applicable sta		
f the record specifies a delayed effe b) The 90th day after the record in		effective time, at 12:01 a.m. o	n the earlier of:
August 29 Dated	2019		
Hald			
	ture of a member or authorized re		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00