LIS CCCZOZOCS

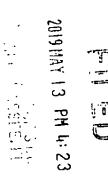
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C. GOLDEN MAY 2 4 2019

COVER LETTER

TO: Registration Division of C			
	ALEX LOGISTICS L	LC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		SHADI BADRAN	
		Name of Person	_
	ITA	X FINANCIAL GROUP LLC	
		Firm/Company	
	296	60 VINELAND RD, STE E	
		Address	
		KISSIMMEE, FL 34746	
	GR	City/State and Zip Code EENSHADI@GMAIL.COM	
	E-mail address: (to be used for future annual report noti	fication)
For further information	n concerning this matter, please ca	all:	
SHADI BADRAN		407 507-0507 at ()	
Name	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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:

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

FILED

2019 HAY 13 PM L: 23

	ALEX LOGISTICS LLC	2017 HAT 10 111 4- 20
(Name of the Limited	Liability Company as it now appears on our records Visional Limited Liability Company)	<u>s.</u>)
(7	A Florida Limited Elability Company)	LALLAMA SSEE, FL
	08/23/18	
The Articles of Organization for this Limited Lial	bility Company were filed on	and assigned
Florida document number L18000202008	 .	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office agent. Name of New Registered Agent:		, enter the name of the new
New Registered Office Address:	Para Planta and D	
	Enter Florida street address	i
	T)	rida
	. F10	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

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>	<u>Address</u>	Type of Action
MGR	ALEXANDRU RUDENCO	6801 INTEGRA COVE BLVD 225	
····		ORLANDO, FL 32821	LI Add
			Remove
			Add
			Remove
			Add
			Remove
			Change
			
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			Remove
			□ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
F Fffect	05/06/2019 ive date if other than the date of filing: (optional)
Note:	ive date, if other than the date of filing:
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	MAY 6th 2019
	Dung
	Signature of a member or authorized representative of a member
	Alexandru Rudenco

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00