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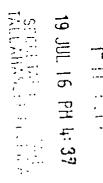
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JUL 23 2019

COVER LETTER

TO: Registration Se Division of Cor			
HUNTER!	LOGISTIX LLC		
SUBJECT,	Name of Lim	nited Liability Company	
	Amendment and fee(s) are sub	_	
· · · · · · · · · · · · · · · · · · ·	SORAYA VALERO		
	SVG GROUP LLC	Name of Person	
	9600 NW 25TH ST SUITI	Firm/Company E 6D	
	DORAL, FL, 33172	Address	
	SORAYAVALEROGROU		
For further information c	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report notifall:	ication)
SORAYA VALERO		954 8152590 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	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)
MAII	IV.C. a Divingee		NN 4 NN 1900

MAILING ADDRESS: 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

HUNTER LOGISTIX LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number 1.19000022722	ny were filed on JANUARY 22, 2019	and assigned
lorida document number 17 30002722		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the	e abbreviation "L.1C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	200 Sec. 19
Mailing address MAY BE A POST OFFICE BOX)		
		7/2 - -
		- :: ··· ·
B. If amending the registered agent and/or registered	office address on our records, ent	er the name of their
registered agent and/or the new registered office address h		••
		ं <u>२</u> ३
Name of New Registered Agent: N/A		·
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

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
MGR	EDUARDO JULIO GALVAN CUBILLAN	400 NE 137TH ST, APT 208. NORTH MIAMI, FL. 33161	■ Add
			☐ Remove
			Change
			Remove
			☐ Change
			Add
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and comos be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 Note: If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will not be listed as document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated Dated Signature of a member or authorized representative of a member			
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	·		
	JULY 12 Dated	2019	
Signature of a member or authorized representative of a member		7///Z	
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Filing Fee: \$25.00