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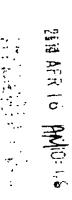
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COVER LETTER

SUBJECT:		arce Logistics LLC		4 .4.	一種
SUBJECT:		Name of Limi	ited Liability Company		182 L
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.		PRIORIE HIT
Please return	all correspo	ndence concerning this matter	to the following:		. *
		Lucas Pinzani		·.	
		Primary Source Logistics L	Name of Person LC		
		401 NW 134 Avenue Suite	Firm/Company		
Address Pembroke Pines, FL 33028					
		cledo@łedolegalpro.com	City/State and Zip Code		
			to be used for future annual report n	otification)	
For further in	formation e	oncerning this matter, please co	all:		
Carlos Ledo.	Esq.		833 533-6529 at ()		
	Name o	f Person	Area Code Dayt	ime Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25,00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en	tus &

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 Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Primary Sou (Name of the Limited 1	RCE L	0615TRS	LLC	PARIS	R 16 AMIG: L	- t i
(Name of the Limited I	iability Compa Iorida Limited I	ny as it now appe Liability Company	ears on our reco	<u>irds.</u>) ፣ ይፋ። _ 31 ፫ሂ ባ		.1
The Articles of Organization for this Limited Liabi	lity Company	were filed on	01/23/	12019	and assigned	7.
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of th	e limited liah	ility company	here:			
The new name must be distinguishable and contain the word		dity Company." d	ne designation "!	LLC" or the abbre	oriation "L.L.C."	-
(Principal office address MUST BE A STREET						_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>					 -
B. If amending the registered agent and/or registered agent and/or the new registered offi	<u>ce address he</u>	ere:				
Name of New Registered Agent:	Luci	as Pinz	LANI		-0.2%	
New Registered Office Address:	401	NW 13	4 AVE	# 108		
	PEV	BLOKE	PINES	Florida	33028 Zip Code	
	<u> </u>	City		_,	Zip Code	
at the state and Agent's Signature if changing Ri	egistered Aver	if:				

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. Thereby 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>	Name	<u>Address</u>	Type of Action
MGR	Alex Marquez	18937 NW 7 ST Pembroke Pines, FL 33029	□ Add
			Change
MGR	Avarra LLC	2129 NW 86 Avenue Miami, FL 33122	Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			☐ Remove
			□ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
		7711	☐ Change

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, ,	
12 - 12 <i>66</i>	tive date, if other than the date of filing:
(If an e <u>Note:</u>	tive date, if other than the date of filing:
	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	April 15 2019

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00