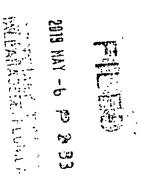
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COVER LETTER

TO:	Registration Se Division of Cor		
SUBJE		SISTIC, "L.L.C"	
SUBJE	CI	Name of Limited Liability Company	
The encl	losed Articles of	f Amendment and fee(s) are submitted for filing.	
Please re	eturn all correspo	ondence concerning this matter to the following:	
		CARVAJAL MANTILLA. LAURA D	
		Name of Person	
		Firm/Company 716 CRESTING OAKS CIRCLE	
		Address ORLANDO FL 32824	
		City/State and Zip Code	
		E-mail address: (to be used for future annual report notification)	
For furth	er information c	concerning this matter, please call:	
LAURA	CARVAJAL M	MANTILLA 407 437-9964 at ()_	
	Name o	of Person Area Code Daytime Telephone Number	
Enclosed	d is a check for th	the following amount:	
■ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status	tus &

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 ARTICLES OF ORGANIZATION

L&P LOGISTIC, "L.L.C"



(Name of the Limited Liability Company as it now appears on our record-(A Florida Limited Liability Company) 2019 HAY -6 P 2-33 The Articles of Organization for this Limited Liability Company were filed on 03/06/2019and assigned Florida document number L19000059421 This amendment is submitted to amend the following: 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 designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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	MARLON ALVARADO	716 CRESTING OAK CIRCLE ORLANDO FL 32824	_ □ Add
			■ Remove
		-	☐ Change
			□ Remove
			Change
			☐ Remove
		 	□ Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change
			□ Ađd
			☐ Remove
			□ Change

(If an ci	tive date, if other than the date of filing: (optional) (fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 () If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	<u>15-01-2019</u>
	Signature of a member or authorized representative of a member
	- 1
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00