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COVER LETTER

TO: Registration Division of C		
	TCS BY NUNEZ LLC	7
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.
Please return all corres	pondence concerning this matter	to the following:
	Carlos J. Nunez	
		Name of Person
	LOGISTICS BY NUNEZ	LLC Firm/Company 25
		Firm/Company
	8480 NW 29th Street	
		Address
	Sunrise, FL 33322	Address P
	nunezjulio33@gmail.com	City/State and Zip Code
		(to be used for future annual report notification)
For further information	n concerning this matter, please c	all:
Julio C. Nunez		407 408-6578
Name of Person		Area Code Daytime Telephone Number
Enclosed is a check fo	the following amount:	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	1 Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOGISTICS BY NONEZ LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our lited Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp	pany were filed on May 24, 20	19 and ass
Florida document number L19000139609		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Nunez Doors & More LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	. 2
		5
Enter new mailing address, if applicable:	N/A	7(26 UN 25
(Mailing address MAY BE A POST OFFICE BOX)		
		2: 10
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, g	enter the name of the nev
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street	address
		, Florida
-1	Cuv	, FIOTIGA Zin 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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabilic company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 1 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of
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Note: If the date inserted in this bloc	be specific and cannot be prior to date of filing or more ck does not meet the applicable statutory filing r	
document's effective date on the Dep	eartment of State's records.	
the record specifies a delayed effective cord is filed.	date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day af
Dated	2020	
C_{0}		
Control of the contro	ignature of a member or authorized representative of	a member
Carlos J, Nunez		
	Typed or printed name of signee	·

Filing Fee: \$25.00