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(((H24000142066 3)))



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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : B RILEY WEALTH TAX SERVICES INC

Account Number : I20120000051 Phone : (305)937-7773 : (815)301-2897 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRZ LOGISTICS & COMMODITY TRADING L.L.C.

Certificate of Status	0
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Help. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company were filed on 6/5/2019  Florida document number L19000149401		
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 design		
Enter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET ADDRESS	: ;	
	<u>රා</u>	
Inter new mailing address, if applicable:	, , , , , , , , , , , , , , , , , , ,	
Mailing address MAY BE A POST OFFICE BOX)	ယ — ယ	
<del></del>	•1	
3. If amending the registered agent and/or registered office address on our recongent and/or the new registered office address here:	rds, enter the name of the new regis	
Name of New Registered Agent:		
New Registered Office Address:		
	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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

\_\_\_\_\_ Change

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
			□Change
		<del></del>	
		<del>-</del>	□Remove
			□ Change
			□Remove
			□ Change
			DAdd
			□ Remove
<u></u>			□Add
			□Remove
			Change

(Activity) Other provisions	ifany:
DOD Contracts- Oil Tradin	g- Small Business- Logistics Solutions- Supply Chain Management- Power Trading
and Electricity Trading	
<del></del>	
<del></del>	
Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this I document's effective date on the	e date of filing:
the record specifies a delayed effect cord is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 4/18	2024
	_

Filing Fee: \$25.00

Typed or printed name of signee