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# **COVER LETTER**

Registration Section Division of Corporations

TO:

MDP LOGISTICS LLC					
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	PRADO, MARCELA A				
		Name of Person			
	MDP LOGISTICS LLC				
	<del> </del>	Firm/Company	<del> </del>		
	6124 NW 74 AVE				
		Address	<del> </del>		
	MIAMI, FL 33166				
		City/State and Zip Code			
	MARCE@ABGROUPSHI				
	E-mail address. (	to be used for future annual report not	ification)		
For further information c	concerning this matter, please c	all:			
PRADO MARCELA A		305 3708936			
Name o	of Person	at ()	ne 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)		
Mailing Address Registration 5	Section	Street Address: Registration Se			
Division of Corporations P.O. Box 6327		Division of Co The Centre of			
Tallahassee, FL 32314			e Street, Suite 810		

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MDP LOGISTICS LLC

(Name of the Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 

Florida document number L19000182197

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 "LEC"

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 BON)

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 affice address here:

Name of New Registered Agent:

### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_, Florida \_

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	DIAZ, MARCELO	21212 HARBOR WAY # 143	
		AVENTURA, FL 33180	≡Remove
			☐Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			Change
		<del>.</del>	□Add
		<del>.</del>	□Remove
		□Change	
<del></del>	<del></del>		□Add
			□Remove
			Change

## Page 2 of 3

<del></del>	
Note: If the date	if other than the date of filing:    11-30-2019   (optional)     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 (3)(to be inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the etive date on the Department of State's records.
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ay after the record is filed.
Dated	2019
	Signature of a member or multiprized representative of a member
PRAI	DO MARCELA A

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Typed or printed name of signee

Filing Fee: \$25.00