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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI		DING LOGISTICS LLC		
SUBJ	ECT	Name of Limi	ted Liability Company	
The er	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspo	ondence concerning this matter (to the following:	
		JIMOH AGBAJE		
			Name of Person	
		MAD TRADING LOGIST	ICS LLC	
			Firm/Company	
		11467 SW 45TH PLACE #	105	
			Address	
		MIRAMAR, FL 33025		
		agbajcadebusola@gmail.com	City/State and Zip Code m	
		E-mail address: (t	o be used for future annual report notif	ication)
For fu	rther information o	concerning this matter, please ca	ill:	
ЛМО	H AGBAJE		832 405-9094 at ()	
	Name (of Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for t	he following amount:		
■ \$2	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:

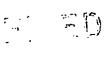
TO:

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 AUG 30 PM 4: 26

	2013 AUG 30	FU 4. 70
MAD TRADING LOGISTICS LLC		<u>.</u> .
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Torida document number L19000195421	were filed on 07/31/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MAS TRADING LOGISTICS LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	11467 SW 45TH PLACE, #105	
(Principal office address MUST BE A STREET ADDRESS)	MAIRAMAR, FL 33025	
Enter new mailing address, if applicable:	Same as Above	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of t
Name of New Registered Agent: N/A		
New Registered Office 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

Enter Florida street address

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
			
			□ Remove
			☐ Change
			Add
			☐ Remove
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<u></u>			_ □ Add
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(If an eff Note:	ive date, if other than the date of filing:
The	tord 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	Jimoh Aghaje Signature of member or authorized representative of a member
	Jimoh Agbaje
	JIMOH A GBA I & Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00