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COVER LETTER

TO: Registration S Division of Co			
	LOGISTICS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	RANDALL GUYTON		
		Name of Person	
	GUYTON LOGISTICS L	LC	
		Firm/Company	
	1776 POLK STREET AP	T 1406	_
		Address	
•	HOLLYWOOD, FL 33020	0	
		City/State and Zip Code	·····································
	RJGUYTON88@GMAIL.0		SSE PA
		to be used for future annual report notific	12 PH 3: 45
	concerning this matter, please of	aii:	(H 0
RANDALL GUYTON		305 318-1842 at ()	
Name	of Person	Area Code Daytime	l'elephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 61 Tallahassee	Section Corporations 327	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL:	orations H <mark>ahassee</mark> Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GUYTON LOGISTICS LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u> 1
be Articles of Organization for this Limited Linbility Company	were filed on 09/12/2019	and assigned
lorida document number L19000231168		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
NI VENTURES LLC		
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
nter new mailing address, if applicable:		PH 3
		TIE F
Mailing address MAY BE A POST OFFICE BOX)		一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一
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. If amending the registered agent and/or registered office	address on our records, enter	the name of the new register
zent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	<u> </u>
		orida
 	City	Zip 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 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 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
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			□ Remove
			Change
			□Add
			□ Add □ Remove □ Change □ Add □ Remove □ Change □ Add □ Remove □ STA
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te: If the date inserted in this	ne date of filing: O5/29/2024 nust be specific and cannot be prior to dat block does not meet the applicable stoppartment of State's records.	e of filing or more than 90 day statutory filing requirement	(optional) is after filing.) Pu ts, this date wil	irsuant to I not be	605,0207 listed as
ecord specifies a delayed effec is filed.	tive date, but not an effective time, a	a 12:01 a.m. on the earlier	of: (b) The 9	0th day	after the
tcd MAY 29	2024				
ted					
tea					

Filing Fee: \$25.00