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## **COVER LETTER**

Division of Corp			
SUBJECT: MGQ IN	TERNATIONAL LOGIS Name of Lim	TICS LLC ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	MIGUEL A	GUAITARILLA QUENAN	
		Name of Person	
	DocuSigned by:	itavilla Quenan	
	0E2F9488D11C4F2	tanlla Educac Firm/Company	
	4717 W	ASHINGTON ST	
		Address	
	НC	DLLYWOOD FL 33021	
		City/State and Zip Code	<del> </del>
		@hotmail.com	
	E-mail address: (	to be used for future annual report no	otification)
For further information co	ncerning this matter, please c	all:	
Miguel A Guaitari		at ( <u>305</u> ) <u>631 209</u>	
Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	e following amount:		
☑ \$25.00 Filing Fee	S30.00 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)

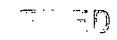
MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## "DocuSign Envelope ID: E828DAA2-7FC9-42BC-83C8-074137FD0719 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



MGQ INTERNANTIONAL LOGISTICS LLC

2919 COT 21	PH	2:	57

( <u>Name of the Limited Liab</u> i (A Flori	ility Company as it now appears on ou da Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability	Company were filed on _09/18/	2019 and assigned
Florida document number L19000235958	<del></del> '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
MGQ INTERNATIONAL LOGISTICS I.	LC	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADD	ORESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	18
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad-		records, enter the name of the new
New Registered Office Address:	Enter Florida stre	at utilizan
	Emer r tortaa sire	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Register	·	7,47
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered of being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my di agent as provided for in Chapte red office address, I hereby con	ties, and I am familiar with and r 605, F.S. Or, if this document is
	If Changing Registered Agent, Si	nature of New Registered Agent

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II amending Authorized rerson(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>	Name	Address	Type of Action
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			☐ Remove
		<del> </del>	☐ Change
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
	cord 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.
	OCTOBER 19 . 2019 .
Dated	
Dated	Minut l Guaitarilla Que nan

Page 3 of 3

Filing Fee: \$25.00