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COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT:6S	V Logistics, L	ic	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Lavar	Willalobos Name of Person	
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	<u> </u>	m, , 01 3318	
		City/State and Zip Code	
	E-mail address: (t	HICS II C23 @ GNA	ication)
For further information co	oncerning this matter, please ca	all:	
Lazura	Villalobos	ar (305) 491-	7991
Name o	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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 Addres		Street Address:	A :
Registration S Division of C		Registration Sec Division of Corp	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Contamic Dec 110 27911 12 0

(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>19000395</u>	bility Company were filed on $12/3/2010$ and assigned 58
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>(O.X)</u>
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our records, enter the name of the new registered here:
Name of New Registered Agent:	Lazara Villalabos
New Registered Office Address:	900 SW 13G ¹⁷ Place_ Enter Florida street address
	Mi (m), Florida 33184 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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	227 AUC 17 (2710) 4	3 Type of Action
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<u> 198</u>	Lazara Villalobos	900 Sa Miani	139th Pl F1 33184	X/\dd
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