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## **COVER LETTER**

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TO: Registration Solution of Con			
CHRIFC'S.	CONFIL	OGISTICS, 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:	
	LUC	TANO DOS SANTOS GOMES	
		Name of Person	
		CONFI LOGISTICS, LLC	
		Firm/Company	
	670	00 NW 77th STREET SUITE 140	
		Address	
		MIAMI FL 33166	
		City/State and Zip Code	<del></del>
		counting01@confiancamoving.com	
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
		at ( )	
Name o	d Person	at () Area Code Daytin	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 Addres Registration 5		Street Address: Registration Se	ection
Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	Fallahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONFL LOGI	STICS LLC	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000005710}{1.20000000005710}$ .	were filed on <u>01/08/2020</u>	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:	
CONFIANCA MOVING	G& STORAGE LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	6700 NW 77th STREET SUITE 140	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33166	
Enter new mailing address, if applicable:	6700 NW 77th STREET SUITE 140	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33166	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter the nam  Enter Florida street address	ne of the new register
<del></del>	, Florida	Tin Code
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

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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		<del></del>	□Remove
			⊡Change
	<del></del>		🗂 Add
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Effective date, if other tha	06/01/2021	
If an effective date is listed, the d	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	.0207
<b>Note:</b> If the date inserted in document's effective date or	n this block does not meet the applicable statutory filing requirements, this date will not be listen the Department of State's records.	ed as
ne record specifies a delayed e ord is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
HANE OF	2021	
Dated JUNE 01	<del></del>	
Dated		
Dated	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00