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SECRETARY OF STATE CORPORATIONS 2022 MAY -2 AM ID: 12

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COVER LETTER

Division of Cor			
Maleo Logi			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter		
	Edwin Leonardo		
		Name of Person	
	Maleo Logistics, LLC.		
		Firm Company	
	3001 NW 123rd Avenue		
		Address	
	Coral Springs, FL 33065		
		City/State and Zip Code	
	edwin@maleosolutions.com	n to be used for future annual report not	(Contian)
For further information of	concerning this matter, please c		meanon
Edwin Leonardo		954 857-3769	
Name e	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is coclosed)
Mailing Addre Registration	Section	Street Address: Registration So	
Division of C	orporations	Division of Co	r ii i

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maleo Logistics, LLC.		
Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our records.\ ted Liability Company))
The Articles of Organization for this Limited Liability Compa	any were filed on 01/01/2020	and assigned
Florida document number i.2000000867		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	ne name of the new register
V 6V 6		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Lance i manda antermanens	
	Flor	

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>	<u>Name</u>	Address	Type of Action
MGR	Shirley Leonardo	3001 NW 123rd Avenue	
		Coral Springs, FL 33065	■Remove
			□Add
			□Remove
		JChange	
			_\\\.
		-	□Remove
			□Change
			Remove
			□Add
			Remove
			\(\times\) \(\times\) \(\times\)
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If an eff Note:	ve date, if other than the date of filing:
e recor rd is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	April 25 2022 Signature of a member or authorized representative of a member
	Shirley Leonardo Typed or printed name of signee