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Rec'd 6/9/20

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COVER LETTER

TO:	Registration Se Division of Cor			
	ONE LOGI	STIC, LLC	, 3	•
SUBJ	ЕСТ:		ited Liability Company	
The cr	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JUAN M NACIFF		
		-	Name of Person	
		ONE LOGISTIC, LLC		
			Firm/Company	
		11471 NW 34 STREET		
			Address	
		DORAL, FL 33178		
			City/State and Zip Code	
		mgbc2017@hotmail.com		
For fu	rther information c	e-mail address: (to be used for future annual report notif	ication)
	M NACIFF		786 615-2405	
	Name o	f Person		e Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	25.00 Filing Fec	☐ \$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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JUH-9 PH 7: 00 ONE LOGISTIC, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{2/6/2020}{}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida ___

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>	<u>Address</u> 2020 JUN - 9 PN 7: 00	Type of Action
MBR	ROBERTO G ORTIZ	11471 NW 34 STREET.	🗆 Add
		DORAL, FL 33178	■Remove
			□Change
MBR	MARIANO R ORTIZ	11471 NW 34 STREET	
		DORAL, FL 33178	≣Remove
			□Change
			
			□Remove
			□Change
			🗀 Add
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			Change

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Signature of a member of authorized representative of a member	ied June 1		2010	4			
	***************************************	Signature of	member or authorize	d representative of a m	ember		

Filing Fee: \$25.00