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COVER LETTER

TO:

Registration Section

Division of Corporations LOGISTICS COST CONSULTANTS, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Parris Brady Name of Person LOGISTICS COST CONSULTANTS Firm/Company 5895 NW Leah Drive Address Port Saint Lucie/ Florida/ 34986 City/State and Zip Code Parrisbrady95@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Pairis Brady Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55,00 Filing Fee & □ \$60.00 Filing F處 Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) tadditional copy is anclosed _0 T Street Address: **Mailing Address:** ىب Registration Section Registration Section ά Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOGISTICS COST CONSULTANTS, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000081815}{1.00000081815}$.	were filed on 03/13/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the :	bbreviation "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 a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter the na</u>	ne of the new register
Name Province and Office A Advance		_
New Registered Office Address:	Enter Florida street address	702
	, Florida	ZimGode
New Registered Agent's Signature, if changing Registered Agent:		1 <u>.</u>
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as packed being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and , if this document is

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
AMBR	PARRIS A M BRADY	5895 NW Leah Drive, Port Saint Lucie, FL. 34986	□Add
			□Remove
			≘ Change
MGR	MGR NEESHA BRADY	5895 NW Leah Drive, Port Saint Lucie, FL, 34986	□Add
			≡ Remove
			□Change
			🗆 Add
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fective date, if other than than effective date is listed, the date me	e date of filing:	prior to date of filing or	more than 90 days after t	nal) 🥳 🤣 Hing) Parsuant to 605.0207
ote: If the date inserted in this becument's effective date on the I	plock does not meet the ap	plicable statutory fili	ing requirements, this	date will not be listed as
difference serieure date on the i	repartment of State 8 rect	nus.		APR -
record specifies a delayed effecti	ive date, but not an effecti	ve time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
is filed.				Ü Ö
ated April, 2nd	2021		••	8
		·		
100	Signature of a member of	sythorized representativ	ve of a member	
,	Digitality of the little of th)	and the state of t	
Parris Brady		orinted name of signee		<u>.</u>

Filing Fee: \$25.00