## L20000 85358

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SYNC L	Aggistics Limited Liability Company.
SUBJECT: OTIVE	Name of Limited Liability Company
The enclosed Articles of Amendment and for	ec(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
	~~ 7
	Jose CAVON
	Name of Person
	Firm/Company
I	12401 N.E 16th Avenue #209
	Address
	Morth Minni Fl 33161
	NORAN MIRM! FL, 33161 City/State and Zip Code
<del></del> ,	SYNCLOGISTICS LOGHAIL COM. mail address: (to be used for future annual report notification)
For further information concerning this man	tter, please catt:
Jose TAVON.	at (786) 860 - 49 - 59 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amou	
□ \$25.00 Filing Fee ■ \$30.00 Filin Certificate	
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sync Lo	aistics L.L.C				
( <u>Name of the Limited Liab</u> ) (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)				
The Articles of Organization for this Limited Liability Company were filed onMARCh182020 and assigned Florida document numberL200000085358					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company here:				
The new name must be distinguishable and contain the words "Li	mited 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 ADD	(RESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	P				
	<u> </u>				
	24				
B. If amending the registered agent and/or register agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new registere</u> :				
Name of New Registered Agent:	<del></del>				
New Registered Office Address:					
	Enter Florida street address				
	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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Jose CANON	124 OI NE 16th Avenue	<b>≝</b> Add
		Suite 209	□Remove
		North Miami, FL 33161	□Change
MGR SUSANA TAR	SUSANA TAR	12401 NE 16th Avenue	🗆 🗆 🗀 Add
		Suite 209	#Remove
		North Miami, FL 33161	□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
		<del></del> -	□Change
			□Add
			🗀 Remove
			□Change
		<del></del>	□Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change

E Ecc	
<u>Not</u>	ctive date, if other than the date of filing:
If the receed is	ord 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 filed.
Date	2020 July 10
	Signature of a symmetry or authorized representative of a member
	Typed or printed name of signee