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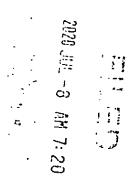
(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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AUG 1 9 2020 S. YOUNG

COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ndence concerning this matter		
	Wilfredo Soto Rolon		
		Name of Person	
	Hyperx Logistics LLX		
		Firm/Company	
	5157 Ravena Avenue East		
		Address	
	Saint Cloud, Florida 34771		
		City/State and Zip Code	
	willitosoto@gmail.com E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please of		
Marielga Caceres Santan	a	321 276-1583	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Address		Street Address: Registration Sec	ction
Registration S Division of C		Division of Cor	
P.O. Box 632	-	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hyperx Logistics LLC			- 25
(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears of Liability Company)	n our records.)
The Articles of Organization for this Limited I Florida document number	Liability Compan	y were filed on July I	
This amendment is submitted to amend the fol	lowing:		M 7:20
A. If amending name, enter the new name of	of the limited lia	bility company here	
N/A			
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the desig	mation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>(BOX)</u>	N/A	
B. If amending the registered agent and/or agent and/or the new registered office addre		e address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
	<u> </u>	Enter Florida	street address
	N/A		, Florida ^{N/A}
		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, 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
AMBR	Wilfredo Soto Rolon	5157 Ravena Ave. East St. Cloud, Fl 34771	■Add
			□Remove
			□Change
AMBR	AMBR Wilfredo Soto Caceres	5157 Ravena Ave, East St. Cloud, Fl 34771	🗀 Add
			\frac{1}{2} Remove
			Change
AMBR	Gabriella Soto Caceres	5157 Ravena Ave. East St. Cloud, Fl 34771	□Add
			≅Remove
			□ Change
AMBR	Andrea Soto Caceres	5157 Ravena Ave. East St. Cloud, Fl 34771	□Add
			■Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

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n essecti ite: If t	date, if other than the date of filing:
ecord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited	July 1 Actual actual Signature of a member or authorized representative of a member
	Marielga Caceres Santana

Filing Fee: \$25.00