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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	LOGISTICS LLC	·	•
SUBJECT:		ited Liability Company	:
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	NOLAN MAY	Name of Limited Liability Company re(s) are submitted for filing. this matter to the following: Name of Person GISTICS LLC Firm/Company K CIRCLE Address L 32824 City/State and Zip Code LELOGISTICS.COM ail address: (to be used for future annual report notification) ter, please call: at (407 288-0584 Daytime Telephone Number) nt: g Fee & S55.00 Filing Fee & S60.00 Filing Fee.	
		Name of Person	
	MORALE LOGISTICS LI	LC .	
		Firm/Company	
	2970 RODRICK CIRCLE		
		Address	
	ORLANDO, FL 32824		
		City/State and Zip Code	
	INFO@MORALELOGIST		tification
For further information c	oncerning this matter, please c		uncauon)
NOLAN MAY			
Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S	Section	Registration Se	
Division of C P.O. Box 632			•
Tallahassee, l			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Monthed Edition 1.05 EDE					
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number 1.20000155249		and assigned 7:32			
This amendment is submitted to amend the following:		7: 32			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:				
MORALE LOGISTICS LLC					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1320 N. Semoran Blvd				
Principal office address MUST BE A STREET ADDRESS)	Suite 215				
	Orlando, FL 32807				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1320 N. Semoran Blvd Suite 215				
Haung address HAT BE A FOST OFFICE BOAT	Orlando, FL 32807				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter				
	El	suids.			
	, F10	orida			

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

MORALE LOGISITICS LLC

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
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			Remove
			□Change
			□Remove
			Change
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record s	specifies a delaye	d effective date	, but not an	effective tin	ne, at 12:01 a.	m. on the ear	ier of: (b) T	he 90th day afte	r the
ated	JLY 13TH			2020	<u>·</u>				
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Typed or printed name of signee