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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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S. YOUNG

COVER LETTER

| TO: | Registration Se Division of Cor | | <u>.</u> | |
|----------|---|--|---|--|
| CHDIE | ~~ | ransportation and Logistes LLC | | |
| SUBJE | CI: | Name of Lim | ited Liability Company | |
| | | Amendment and fee(s) are sub | <u>-</u> | |
| Please r | eturn all correspo | ondence concerning this matter | to the following: | |
| | | Raven-Simone Hamilton | | |
| | Name of Person MyTracs Transportion and Logistes LLC Firm/Company 3901 Nw 79th Ave Suite 245 #1822 Address Miami, Florida 33166 City/State and Zip Code | | | |
| | | MyTracs Transportion and | Logistes LLC | |
| | | | Firm/Company | |
| | | 3901 Nw 79th Ave Suite 2 | 45 #1822 | |
| | | Address | · · · · · · · · · · · · · · · · · · · | |
| | | Miami, Florida 33166 | | |
| | | MyTracs Transportion and Logistes LLC Firm/Company 3901 Nw 79th Ave Suite 245 #1822 Address Miami, Florida 33166 City/State and Zip Code simoneraven@mytracstransport.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: Iamilton 386 882-6599 at (| | |
| | | - • | · | ation) |
| For furt | her information c | | • | anony |
| | Simone Hamilton | | | |
| - Kaveir | | | | Celephone Number |
| | | | | |
| | | he following amount: | | |
| □ \$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 Addres | | Street Address: Registration Secti | ion |

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 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

NAVTO ACC TO ANCHODITION AND LOCICITICS LLC

| WITTENES TRANSFORTION AND LOGISTICS LI | | 6.2 | |
|---|----------------------------------|--|--|
| (Name of the Limited Liability Compa (A Florida Limited) | ny as it now appears on our | records.) | |
| (A Florida Limited) | Liability Company) | | |
| The Articles of Organization for this Limited Liability Company | were filed on Jul. 13, 202 | ون عبر الله الله الله الله الله الله الله الل | |
| | were med on | | |
| Florida document number L20000202270 | | The state of the s | |
| This amendment is submitted to amend the following: | | PH 5: 02 | |
| Ţ | | 2 | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| MyTracs Transportation and Logistics LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation | n "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 3901 Nw 79th Ave Suite | 245 #1822 | |
| • | Miami, Florida 33166 | | |
| (Principal office address MUST BE A STREET ADDRESS) | Whath, Florida 55100 | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | 3901 Nw 79th Ave Suite 245 #1822 | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Miami, Florida 33166 | | |
| | | | |
| | | | |
| B. If amending the registered agent and/or registered office a | address on our records | anter the name of the new registers | |
| agent and/or the new registered office address here: | address on our records, | enter the name of the new registere | |
| | | | |
| N CN CN CN | $\sim /_{\Delta}$ | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street | address | |
| | | , Florida | |
| | 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 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

| Title | <u>Name</u> | Address | Type of Action |
|-------|---------------|-------------|----------------|
| | $\frac{N}{A}$ | | □Add |
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| | My name should be spelled as: RAVEN-SIMONE HAMILTON |
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| · Effe | ctive date, if other than the date of filing: (optional) |
| (If an e | ctive date, if other than the date of filing: |
| the rec | 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 | d November 19. 2020. |
| | d November 19 . 2020. Signature of a member or authorized representative of a member |
| | Raven-Simone Hamilton |
| | Typed or printed name of signee |

• • •