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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
SUBJEC		GISTICS LLC		
SUBJEC	Γ:	Name of Lim	ited Liability Company	·····
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		KENNY G SOSA		
			Name of Person	
			Firm/Company	
		12122 SW 117 CT		
			Address	
		KSOSA@MERXLOGISTI		
For furthe	r information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)
KENNY (G SOSA		305 389-2301	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 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)
F	Mailing Addres Registration S Division of C	Section	Street Address: Registration Se Division of Co	
	P.O. Box 632		The Centre of 3	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERX LOGISTICS LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 07/15/2020	and assigned
Florida document number L20000205287		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	e appreviation "L.L.C."
Enter new principal offices address, if applicable:	20 All	>- " "
Principal office address MUST BE A STREET ADDRE.	(A)	<u> </u>
Enter new mailing address, if applicable:		· • · · · · · · · · · · · · · · · · · ·
Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the n</u>	ame of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, 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 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
MGR	KENNY G SOSA	12122 SW 117 CT	≣ Add
		MIAMI, FL 33186	□Remove
			□Add
			□Remove
			Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□ Change

If an ef <u>Note:</u>	tive date, if other than the date of filing: O7 15 0 (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next seffective date on the Department of State's records.
a pasar	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
	ned.
ord is f	
ord is f	Signature of a member

Filing Fee: \$25.00