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(Re	questor's Name)	,
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JA. 1/12/21 COVER LETTER

Div	ision of Cor	porations			
	UPGRADE	LOGISTIC SERVICES LLC			
SUBJECT:		Name of Lim	ited Liability Company	 	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		John Robinson			
			Name of Person		<u> </u>
		UPGRADE LOGISTIC SE	ERVICES LLC	1	
			Firm/Company	T	
		1901 Nicole Street			
			Address		
		Pensacola, FL 32507			
		<u></u>	City/State and Zip Code	-	
		Upgrade_Logistic			<u></u>
		E-mail address: (to be used for future annual re	port notification)	
For further is	nformation c	oncerning this matter, please of	all:		
John Robins	son		850 356 at ()	4695	
	Name o	f Person	Area Code	Daytime Telephone	Number
Enclosed is	a check for th	he following amount:			
≡ \$ 25. 00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed
	ailing Addres		Street Add Registrat	I <u>ress:</u> ion Section	
	gistration (vision of C	Section Corporations		of Corporations	
) Box 632			re of Tallahasse	

Registration Section

TO:

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UPGRADE LOGISTIC SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/17/2020 and assigned Florida document number L20000209251 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent:

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

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

Enter Florida street address

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Brittnae N. Cornish	5404 Glover Park Dr. Upper Marlboro, MD 20772	🗏 Add
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			□Change
			□Add
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