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12/28/20

COVER LETTER

TO: Registration Section Division of Corporations					
Monti Logi:	stics, LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filling.					
Please return all correspo	ondence concerning this matter	to the following:			
	Elliot Montalvo				
	Name of Person				
Monti Logistics, LLC					
	Firms Company				
2455 W 67th PI 12-10					
		Address	·		
	Hiateah, FL 33016				
	and bainties of Chamait com	City/State and Zip Code	-		
	mdlogisticsf@gmail.com	to be used for future annual report not	(fiçation)		
For further information c	oncerning this matter, please c	all:			
Elliot Montalvo		863 398-9365			
Name of Person		at () Area Code Daytim	ne Telephone Number		
Enclosed is a check for the	he following amount:				
② \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Monti Logistics, LLC (Name of the Limited Liability Company as it now appears an our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on August 3, 2020 and assigned 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 "LI C" or the abbreviation "LI.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 registers agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Cin 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

<u>Title</u>	Name	Address	Type of Action
AMBR	Elliot Montalvo	2455 W 67TH PL	□ Add
		12-10	
		Hizteah, FL 33016	€Change
MGR	Maria Alvarez	2455 W 67TH PL	
		12-10	@Remove
		Hiplesh, FL 33016	Change
			□ Add
			DRemove 20
			OChange O
			Change C
			🖸 Add
			□Remove
			☐ Change
			🗀 Remove
			□ Change

Filing Fee: \$25.00

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