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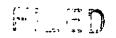
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## **COVER LETTER**

Division of Corporations
SUBJECT: Grace Corgo LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Holguy Saint Wilaire Name of Person
Ogou logistics LLC Brm/Company
6501 Arlington Expy
Sachsonville, 12, 32277 City/State and Zip Code
E-mail address: (to be used too future annual peport notification)
For further information concerning this matter, please call:
Hologray Saint Wilaire at (904)-839-9011 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Grace Cargo LLC		2023 FEB 28 PH 2: 13
(Name of the Limited Liability Compa (A Florida Limited	,	ATE ASSESSED
The Articles of Organization for this Limited Liability Company	were filed on <u>08/03/</u>	20 and assigned
Florida document number <u>L 2 006 o 23245</u> 5	_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name wast be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	5501 Arling Sacksonville,	Fh., 32211
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	D.O. Box Jacksmrile,	11856 FK, 32239
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
· · · · · · · · · · · · · · · · · · ·	, Floric	da Zip Code
	CHY	лір Соае

## 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
			🗀 Add
			□Remove
			□Change
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	<del></del>
(If an effect Note: If	e date, if other than the date of filing:
e record s ord is filed	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
Dated	02/28/23
	Holography Saint Milaire  1 Solography Saint Milaire
	Hologuy Saint Hilaire Typed or printed name of signee