11/8/01, 3-51 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210004143803)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

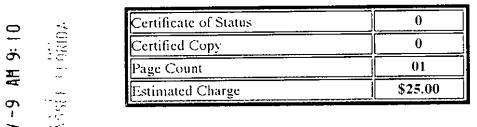
Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

**Enter the email address for this business entity to be used for fullure annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CO LOGISTICS LLC



NOV 1 0 2021

S. PRATHER

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176383 From: 12147128131 Date: 11/08/21 Time: 11:52 PM Page: 02/04

ARTICLES OF AMENDMENT	(((H21(000414	380 3))))
ТО	•			
ARTICLES OF ORGANIZATION	0	\mathbf{F}_{a}	~3	
OF		ΕĊ	9- AON 1203	
		P.S.	80	
CO LOGISTICS LLC		- 25 2	_	FILE
(Name of the Limited Hability Company as it now appears on our record (A Florida Limited Liability Company)	15 .)	<u>1</u> -√		m
		OF STATE	P	O
The Articles of Organization for this Limited Liability Company were filed on 08/28/2020		— aug <u>a</u> ss	igned	
Florida document number L20000260413		골		
		>	7	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
A. If attretioning name, enter the new many or the transfer of the state of the sta				
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLG	or the abbr	eviation "L	L.C."	_
The new name must be distinguishable and contain the words. Elimited Elability Company, and designation				
Enter new principal offices address, if applicable:				_
(Principal office address MUST BF. A STREET ADDRESS)				_
m				
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	r the name	of the ne	v repis	tered
B. If amending the registered agent and/or registered office address on our records, each agent and/or the new registered office address here:	THE HUITE	<u> </u>		
agent and/or the new regimes to other meaning.				
N. CNI - Du-Sad Acousti				
Name of New Registered Agent:				_
New Registered Office Address:				_
Enter Florida street addre	133			
·	lorida	Zip Code		
City		Zip Coae		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree to act in this capacity. If provisions of all statutes relative to the proper and complete performance of my duties, a accept the obligations of my position as registered agent as provided for in Chapter 605, being filed to merely reflect a change in the registered office address, I hereby confirm to company has been notified in writing of this change.	ana 1 am ja. , F.S. Or, ij	this doc	in ana ument .	
If Changing Registered Agent, Signature	of New Rent	stered Aper		
H Cusukuh vekreten vikent sikusura			<u></u>	

(((H21000414380 3)))

•	To: 18506176383 From: 12147128:	131 Date: 11/08/21 Time: 11:	:52 PM Page: 03/04
If amend	ing Authorized Person(s) authorized to ed from our records:	manage, enter the title, name, and	
MGR =	Manager Authorized Member		(((H21000414380 3)))
Title	<u>Name</u>	Address	Type of Action
AMBR	Oquendo, Soralis	3398 BELLEZZA CT	□Add
		KISSIMMEF, FL 34746	≅ Remove
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D. If amending any other information, enter	r change(s) here: (Attach additional sheets, if neo	cessary.)
		
		
		<u>. </u>
E. Effective date, if other than the date of fit (If an effective date is listed, the date must be specific Note: If the date inserted in this block does no document's effective date on the Department of	ling:(option and cannot be prior to date of filing or more than 90 days after of meet the applicable statutory filing requirements, this of State's records.	onal) r filing.) Pursuant to 605.0207 s date will not be listed as
Note: If the date inserted in this block does not document's effective date on the Department of the record specifies a delayed effective date, but it	of meet the applicable statutory filing requirements, this	o) The 90th day after the
Note: If the date inserted in this block does not document's effective date on the Department of the record specifies a delayed effective date, but it	of State's records.	o) The 90th day after the
Note: If the date inserted in this block does not document's effective date on the Department of the record specifies a delayed effective date, but it	of State's records.	The 90th day after the
Note: If the date inserted in this block does not document's effective date on the Department of the record specifies a delayed effective date, but a record is filed. October 29 Dated	of meet the applicable statutory fring requirements, find of State's records. not an effective time, at 12:01 a.m. on the earlier of: (b	o) The 90th day after the SELAHASSE
Note: If the date inserted in this block does not document's effective date on the Department of the record specifies a delayed effective date, but a record is filed. October 29 Dated	of meet the applicable statutory filing requirements, initial of State's records. not an effective time, at 12:01 a.m. on the earlier of: (b	o) The 90th day after the School ARY

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