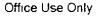
## L20000277416

| (Re                     | equestor's Name)  |             |
|-------------------------|-------------------|-------------|
| - (Ad                   | idress)           |             |
| (Ad                     | ldress)           |             |
| (Cit                    | ty/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
|                         |                   |             |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |





700355444057

2020 NOV 23 PH 12: 58

12/28/20

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

|                                | OGISTICS LLC                                    |   |   |  |  |  |  |
|--------------------------------|---|---|---|--|--|--|--|
| SUBJECT:                       | Name of Lim                                     | ited Liability Company  |   |  |  |  |  |
| The enclosed Articles of       | Amendment and fee(s) are sub                    | mitted for filing.  |   |  |  |  |  |
| Please return all correspo     | ondence concerning this matter                  | to the following:   |   |  |  |  |  |
|                                | BIKRAM JASWAL                                   |   |   |  |  |  |  |
|                                |   | Name of Person  |   |  |  |  |  |
|                                | SCIENS LOGISTICS LLG                            | 2   |   |  |  |  |  |
|                                |   | Firm/Company  |   |  |  |  |  |
|                                | 630 W 84TH STREET                               |   |   |  |  |  |  |
|                                |   | Address   | <del></del>   |  |  |  |  |
|                                | HIALEAH FL 33014                                |   |   |  |  |  |  |
|                                |   | City/State and Zip Code   |   |  |  |  |  |
|                                | BJASWAL@SCIENSLOG                               |   |   |  |  |  |  |
|                                | E-mail address: (                               | to be used for future annual report no                              | tification)   |  |  |  |  |
| For further information c      | oncerning this matter, please c                 | all:  |   |  |  |  |  |
| BIKRAM JASWAL                  |   | 386 299-7880<br>at ( )  |   |  |  |  |  |
| Name of Person                 |   | Area Code Daytir  | me Telephone Number   |  |  |  |  |
| Enclosed is a check for the    | he following amount:                            |   |   |  |  |  |  |
| ■ \$25.00 Filing Fee           | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |  |  |
| Mailing Addres Registration S  | Section   | Street Address:<br>Registration So                                  |   |  |  |  |  |
| Division of C                  | •   | Division of Corporations The Centre of Tallahassee                  |   |  |  |  |  |
| P.O. Box 632<br>Tallahassee, 1 |   |   | ne Street, Suite 810  |  |  |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SCIENS LOGISTICS 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  $\frac{09/04/2020}{1}$ and assigned Florida document number L20000277416 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 "LLC." SCIENS LOGISTICS LLC Enter new principal offices address, if applicable: 630 W 84TH STREET (Principal office address MUST BE A STREET ADDRESS) HIALEAH FL 33014 SCIENS LOGISTICS LLC Enter new mailing address, if applicable: 630 W 84TH STREET (Muiling address MAY BE A POST OFFICE BOX) HIALEAH FL 33014 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered office address on our records, enter the name of the new registered of the new r agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 wit 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address      | Type of Action                          |
|--------------|------|--------------|---|
|              |      |              | □Add                                    |
|              |      | <del></del>  | □Remove                                 |
|              |      |              | □Change                                 |
|              |      |              | □Add                                    |
|              |      |              | □Remove                                 |
|              |      |              | 2022 Change                             |
|              |      |              | S T                                     |
|              |      |              | P □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ |
|              |      | <del> </del> | 2020 Change  1 23 Add  PHID: 58         |
|              |      |              | □ Add                                   |
|              |      |              | □Remove                                 |
|              |      |              | □Change                                 |
|              |      |              | □Add                                    |
|              |      |              | □Remove                                 |
|              |      |              |   |
|              |      |              | □Add                                    |
|              |      |              | □Remove                                 |
|              |      |              | Change                                  |

|              | <del>.</del>                        |                 |                 |              |               |                 |  |               |                                       |                              | _              |
|--------------|-------------------------------------|-----------------|-----------------|--------------|---------------|-----------------|--|---------------|---------------------------------------|------------------------------|----------------|
|              |                                     |                 |                 |              |               |                 |  |               |                                       |                              | _              |
|              |                                     |                 |                 |              |               |                 |  |               |                                       |                              | _              |
|              |                                     |                 |                 |              | <u> </u>      | <del> </del>    | <del></del>                                  |               |                                       |                              | <del></del> -  |
|              |                                     |                 |                 |              |               |                 |  |               |                                       |                              | _              |
|              |                                     |                 |                 |              |               |                 | _  |               |                                       |                              | _              |
|              |                                     |                 |                 |              |               |                 |  |               |                                       | <del></del>                  |                |
|              |                                     |                 |                 |              |               |                 |  |               |                                       | AON 020                      |                |
|              |                                     |                 |                 |              |               |                 |  |               |                                       | <br>2 AO                     | _              |
|              |                                     |                 |                 |              |               |                 |  |               |                                       | <u>; 23</u>                  | Ti             |
|              |                                     |                 |                 |              |               |                 | <u> </u>                                     |               |                                       | PH 12:                       |                |
|              |                                     |                 |                 | <del>_</del> |               |                 |  |               |                                       | .: .:<br>.:<br>.:<br>.:      |                |
|              |                                     | <del>_</del>    |                 |              | <del></del> - |                 |  |               | · · · · · · · · · · · · · · · · · · · | <u> </u>                     |                |
|              |                                     |                 |                 |              |               |                 |  |               |                                       |                              |                |
|              |                                     |                 |                 |              | _             | <u></u> _       |  | _             |                                       |                              | _              |
|              |                                     |                 |                 |              |               |                 |  |               |                                       |                              |                |
| <del></del>  |                                     |                 |                 |              |               |                 |  |               |                                       |                              |                |
|              |                                     |                 |                 |              |               |                 | <u>.                                    </u> | -             |                                       |                              | _              |
| Effective    | e date, if otl                      | ier than the    | e date of fil   | ling:        |               |                 |  | (opt          | ional)                                |                              |                |
| If an effect | tive date is liste<br>the date inse | ed, the date mu | ist be specific | and cannot l | be prior to d | ate of filing o | or more than                                 | 90 days afti  | er filing.) P                         | ursuant to f<br>ill not be l | 605.0<br>isteo |
|              | it's effective                      |                 |                 |              |               | •               |  |               |                                       |                              |                |
| a rayped s   | specifies a de                      | lavad affacti   | us data but     | not an affa  | ativa tima    | at 12:01 a      | m on the                                     | varlier of: / | h) The (                              | Mih day a                    | Ave            |
| rd is filed  | •                                   | layed effecti   | re date, out i  | not an eric  | ctive time,   | at 12.01 a.     | iii. Oil tile i                              | carner or. (  | i), the                               | rour day a                   |                |
|              | s i i                               |                 |                 |              |               |                 |  |               |                                       |                              |                |
| Dated        | 11 4                                | <u> 2020</u>    |                 |              | <u> </u>      |                 |  |               |                                       |                              |                |
|              |                                     |                 | P               | MAN          | $\Psi$ $\_$   | _               |  |               |                                       |                              |                |
|              |                                     | _               | Signature o     |              | or authorize  | d representa    | tive of a me                                 | mber          |                                       |                              |                |
|              |                                     |                 | BIKEA           |              |               |                 |  |               |                                       |                              |                |

Filing Fee: \$25.00