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COVER LETTER

Registration Section

TO:

Divis	sion of Cor	porations					
	Aquila Ven	ture Capital Partners LLC					
SUBJECT: _		Name of Limited Liability Company					
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please return a	all correspo	ndence concerning this matter	to the following:				
		Maria A. Leonardo					
			Name of Person				
		Accutax Advisory Corp					
			Firm/Company				
		11098 Biscayne Blvd Ste 2	206				
			Address				
		Miami, Fl. 33161					
			City/State and Zip Code				
		maria@mycpaea.com	to be used for future annual report notification)				
For further int	formation co	oncerning this matter, please ca					
Maria A. Leo	nardo		954 638-8119				
	Name of	Person	Area Code Daytime Telephone Number OFFICE: 305-332-3211				
Enclosed is a	check for th	e following amount:					
□ \$25.00 Fi	ling Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	us &			
Reg Divi P.O.	ling Address istration S ision of C . Box 632 ahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aquila Venture Capital Partners LLC		
·	Company as it now appears on our records.)	
(A Florida Lit	mited Liability Company)	(a) (b) (b)
The Articles of Organization for this Limited Liability Com	pany were filed on September 22, 2020	2 JUL -5 Pred 1: 17 (2.4) \$555 and 35 signed 0.07 JUL -5
Florida document number 1.20000289716		17
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Big River Logistics LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LEC" or the o	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or registered of	ffice address on our records, enter the na	ne of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	City	Zip Code

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>l'itle</u>	Name	Address	Type of Action
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			□Remove
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 If amending any other in N/A- Only name change. 		er chang	e(s) here:	(Attach	additiona	l sheets, ij	necessary	: <i>)</i>		
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. Effective date, if other t	han the date of f	6/;	23/2022			(optional)			
(If an effective date is listed, the <u>Note:</u> If the date inserted document's effective date	e date must be specific in this block does r	e and canno not meet t	ot be prior te he applical			han 90 days	after filing.			
the record specifies a delayed	I effective date, but	t not an ef	Tective tim	ne, at 12:0	La.m. on t	he earlier (ofi (b) - Th	e 90th day c	ifter the	
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Dated June 23		. 20	22					; · · · · · · · · · · · · · · · · · · ·	2022 JUL	
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