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COVER LETTER

TO: Registration Section of Corp.				
SUBJECT: H	ACCIS Logis Nume of 1.	tics LLC imited Liability Company		
The enclosed Articles of A	mendment and fee(s) are so	ubmitted for filing.		
Please return all correspond	dence concerning this matte	er to the following:		
	Doged	Name of Person	1	
	Horri	5 Logistics LL	<u>'C</u>	
	4496	E MONTCHAIR RO	-	
	Penso	City/State and Zip Code	5	2021 Sec
	Harri E-mail address:	5 LOGISHCS 91 QGA (to be used for future annual report noti	yal.com [5]	7021 SEP 24 2021 SEP 24
For further information con	cerning this matter, please	call:	(m)	
Dagen F Name of Po	www.	at (<u>BS</u>) <u>391</u> Area Code Daytime	-7523	7:34
Enclosed is a check for the f	Following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is cr	itus &
Mailing Address:		Street Address:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

<u> 10115 69154.65</u>		
(Name of the Elmited Liability (A Florida Li	Company as it now appears of imited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Conference of Organization for the		ecember 1, 2001 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	:
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	mation "LLC" or the abbreviation LLC."
Enter new principal offices address, if applicable:		17.7.1. See 17.7. See 17.7.1. See 17.7. See 17.7
(Principal office address MUST BE A STREET ADDRES	(2.2)	St. P
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	m5 3
(Mailing address MAY BE A POST OFFICE BOX)		m F
B. If amending the registered agent and/or registered of	ffice address on our reco	rds, enter the name of the new registe
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	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 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
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