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R. HUNT

COVER LETTER

TO: Registration Section

Division of Co	rporations		
viib ir <i>e</i> r.		LOGISTICS LLC	·
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		MARBELIO MACIAS	
		Name of Person	
		MACIAS LOGISTICS LLC	
		Firm/Company	
		285 W 53 RD TER	
		Address	
		HALEAH, FLORIDA, 33012	
		City/State and Zip Code	
		maciaslogisticsllc@gmail.com	
		to be used for future annual report r	notification)
For further information	concerning this matter, please c	all:	
MARBEI	JO MACIAS	786 at ()	520 0009
Name	of Person	Area Code Day	time Telephone Number
Enclosed is a check for	the 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 Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address Registration	
	Corporations	Division of C	Corporations
P.O. Box 63			f Tallahassee
Tallahassee,	FL 32314	2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACIAS LOGI	STICS LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears o ability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company v	vere filed on	01/06/2021	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here	:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			23
			E
Principal office address MUST BE A STREET ADDRESS)			20
			- ,
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			3
Muung uuness mar BEATOBI OTTICE BOA			
			
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our rec	ords, <u>enter the nam</u>	e of the new regist
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	Enter Florid	a street address	<u> </u>
		531	
	City	, Florida	Zip Code
	City		sup come

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>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARBELIO MACIAS	285 W 53 RD TER HIALEAH, FL, 33012.	
			🗆 Remove
			□Change
MGR	CYNTHIA S. CORTAZAR	285 W 53 RD TER HIALEAH, FL, 33012	
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Add
			Remove
			□ Change

	ig any other information, enter change(s) here: (Attach additional sheets, if necessary.)	-
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<u> </u>	date, if other than the date of filing: (optional)	
n effective ete: If th	date, if other than the date of filing:	05.0201 isted as
ecord spe is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	ier the
ted	FEBRUARY 16 TH 2021	
	Maria	
	Signature of a member or authorized representative of a member	
	MARBELIO MACIAS	