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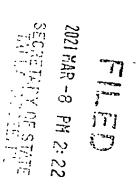
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Elite Dispatchers LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Puth PARA AREVALO Name of Person
Elite Dispoteners LCC Finn/Company
11325 SW DISCOVERY Way #304 &
100 = 200 100
City/State and Zip Code EMPOWERED LOGISTICS LLCCGGLAILTON ? E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RHY PAGA AREVALO at 305) 992 7134 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lial	hility Company	as it now appears o	n our records.)	
(<u>Name of the Limited Lial</u> (A Flor	rida Limited Lia	bility Company)		
The Articles of Organization for this Limited Liability Florida document number <u>L210006</u>	y Company w 214	ere filed on <u>2</u> /	18/21	and assigned
This amendment is submitted to amend the following	;			
A. If amending name, enter the new name of the li	imited liabili	ty company here	:	
EMPOWERED LOGISTIC				
The new name must be distinguishable and contain the words "I	Limited Liability	Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:				:
(Principal office address MUST BE A STREET AD.	DRESS)			
	<u> </u>			员 岩 二二
	•	₹	:	0) 11
Enter new mailing address, if applicable:				G P
(Mailing address MAY BE A POST OFFICE BOX)				mo ?:
The state of the s				77 P. 22
B. If amending the registered agent and/or registe agent and/or the new registered office address here Name of New Registered Agent:		dress on our reco	ords, <u>enter the na</u>	me of the new registered
N D 1 1000 A 11				
New Registered Office Address:		Enter Florida	street address	
	- 		Florida	
		City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registerompany has been notified in writing of this change	d complete pe l agent as pre ered office a	erformance of m ovided for in Ch	y duties, and I an apter 605, F.S. O	n familiar with and r, if this document is

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:

<u>le</u>	<u>Name</u>	Address	Type of Action
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Tective date, if other than the date of filing in effective date is listed, the date must be specific and tet: If the date inserted in this block does not not under the date inserted in the Department of S	l cannot be prior neet the applic	r to date of fill cable statuto				
ecord specifies a delayed effective date, but not is filed.	an effective t	ime, at 12:0	l a.m. on the ea	rlier of: (b) Th	e 90th	day after tl
ted <u>March 3</u>	5021	 ()	\			

Filing Fee: \$25.00