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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>In</u>	ternational Name of Lin	Logistics Ka	ssal, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Raque	A - Castillo Name of Person	, Esq.
	Ca	stillo - Mina La Firm/Company	.w Offices, PLLC
	5001 Collins	Ave. #5C	
	miami raquel (E-mail address: (Beach, FL 3 City/State and Zip Code Castillo a cast to be used for future annual report notion	illominalaw.com
For further information e	oncerning this matter, please ca	all:	
Raque 1	A- Castillo	at (305) 213 · Area Code Daytime	- 9208 e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Cor	

Tallahassee, FL 32314

P.O. Box 6327

TO:

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

International Logist	ics Kassal, LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000720</u> 83	were filed on February 11, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company "the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	66 W Flagier Street
(Principal office address MUST BE A STREET ADDRESS)	# 900 Miami, FL 33130
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	66 W Flagler Street #900 Miami, FL 33130
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registerec</u>
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 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>	Name	Address	Type of Action
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			□Remove
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