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(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name	e)
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Certified Copies Certificates of	of Status
Special Instructions to Filing Officer:	4

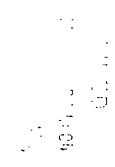
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

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n)
phone Number
S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
tions nassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEG LOGISTICS, ELC			<del>_</del>
(Name of the Limited	l Liability Company as it now appea A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Lia Florida document number	bility Company were filed on _	03/01/2021	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of	the limited liability company b	<u>iere</u> :	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	ble:		
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B			
Training water than 1992 to 1992 to 1992 to			
B. If amending the registered agent and/or re agent and/or the new registered office address	• •	records, <u>enter the name</u>	of the new registe
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida 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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an effective da <u>Sote:</u> If the d	e, if other than the date ite is listed, the date must be sp ate inserted in this block d fective date on the Departs	ecific and cannot be process not meet the app	licable statutory filing		
record specif Lis filed.	ies a delayed effective date	, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) The	90th day after the
ated	May 20	. 2021	(TOU)		· ·
	Sign	ture of a member or au	thorized representative o	f a member	
			Hilderigo		