Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051 Phone : (305)937-7773 Fax Number : (815)301-2897

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Rashad & Brzlogistics USA. con

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JUN 1 6 2021

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ted Liability Company as It now appe (A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited L Florida document number L21000102772	iability Company were filed on C	03/03/2021 and assi	gned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.I	
Enter new principal offices address, if appli-		A4-M4-4	
(Principal office address MUST BE A STREE	<u> </u>	70	20
Enter new mailing address, if applicable:		Les En Av,	2001 JUN 15
(Mailing address MAY BE A POST OFFICE	BOX	Sign of the control o	15 PM
		Es.	۸̈̈́ن
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our ess here:	r records, enter the name of the new	registered
Name of New Registered Agent:	RASHAD A. ZUBI		
New Registered Office Address:	495 BRICKELL AVENUE #62		
Comments Comments	Enter F	Flanda sireci address	
	MIAMI	Florida 33131 Zip Code	
	Cuy	Sp Can	

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 affice 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 fitle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	DUCATI, CRISTIAN	495 BRICKELL AVENUE MIAMI, FL 33131	
			■Remove
			Change
AMBR	RASHAD A. ZUBI	495 BRICKELL AVENUE MIAMI, FI. 33131	= Add
			Change
			2021 JUN 15 PM
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