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COVER LETTER

	gistration Se rision of Cor					
cubicat.		E LOGISTIC FLORIDA,LLC				
SUBJECT:		Name of Lim	mited Liability Company			
The enclose	d Articles of	Amendment and fec(s) are sub	bmitted for filing.			
Please return	all correspo	ndence concerning this matter	r to the following:			
		Corey Bray				
			Name of Person			
		LegalNature LLC				
			Firm/Company			
		8 The Green, Suite 4336				
			Address			
		Dover, DE 19901				
		 .	City/State and Zip Code			
		da47ee4b9782-formation@				
		E-mail address: ((to be used for future annual report notification)			
For further i	nformation c	oncerning this matter, please c	call:			
Corey Bray			888 881-1139			
	Name of	f Person	Area Code Daytime Telephone Number			
Enclosed is	a check for th	ne following amount:				
≘ \$25.00 1	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certified Copy Certificate of Star (additional copy is enclosed) Certified Copy (additional copy is en	atus &		
Mailing Address:			Street Address:			
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.0	D. Box 632	7	The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINE LOGISTIC FLORIDA			
(Name of the Limi	A Florida Limit	mpany as it now appears on ted Liability Company)	our records.)
The Articles of Organization for this Limited I.	iability Compa	any were filed on 03/22/2	021 and assigned
Florida document number L21000133415			
This amendment is submitted to amend the foll			
A. If amending name, enter the new name o	f the limited l	iability company here:	
N/A			
he new name must be distinguishable and contain the v	vords "Limited Li	ability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREE	T ADDRESS)	•	
Inter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOX)		
 If amending the registered agent and/or r gent and/or the new registered office addres 	egistered offic is here:	ce address on our record	ls, enter the name of the new regist
Name of New Registered Agent:	N/A	<u> </u>	
New Registered Office Address:			
		Enter Florida sti	cet 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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		Hialcah, FL 33018	
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			{]Add
			□ Remove
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			□Remove
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			□Remove

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