K21000171607

(Re	questor's Name)	
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(Do	cument Number)	_
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COVER LETTER •

	Registration Se Division of Cor			
cun ire		RVICE LOGISTIC LLC		
SUBJEC	-li	Name of Lin	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		CARLOS L. MARTINEZ	GONZALEZ	
			Name of Person	
		M & A SERVICE LOGIS	TIC LLC	
			Firm/Company	
		3700 METRO PKWY 151	2	
			Address	
		FORT MYERS FL 33916		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		carlosmartinezmm9@gmail		· <u>·</u>
For furth	er information c	e-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)
CARLO	S MARTINEZ I	MONAGAS	239 2036854	
	Name o	of Person		ne Telephone Number
Enclosed	l is a check for t	he following amount:		
\$25.	06 ™iling 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		Street Address: Registration Se	ection
Registration Section Division of Corporations		_	Registration Section Division of Corporations	
	P.O. Box 632	27	The Centre of	Fallahassee
	Tallahassec,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M & A SERVICE LOGISTIC LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/13/2021 and assigned Florida document number L21000171607 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ___, Florida _____ Zip Code City

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
			□Add
			□Remove
			□ Change
			□Add
			CRemove
			Change
			□ Add
			□ Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			□ Change
			□Add
			□Remove
			□Change

	ed Person #2 is: ARMAS PEREIRA, ABRIL ADRIANA	
The tittle and adress will ren	ail the same	

<u></u>		
		<u></u>
f an effective date is listed, the date mu	date of filing:	it to 605,0207 (3 be listed as th
e record specifies a delayed effectived is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	ay after the
Dated MAY 13	2021	