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COVER LETTER

TO: Registration Sect Division of Corpo			•
SUBJECT:	Merly Logist Name of Limit	ics LL C.	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Jose L	Name of Person	
	Merly Logistic	S LLC Firm/Company	
	1442 N Ballowe	Ry Ro. Address	
	Lakela Detect Me E-mail address: (1	City/State and Zip Code orly Damail · Com to be used for future annual report notif	ication)
For further information con	ocerning this matter, please co		
Jose L Met Name of F	Person R 105	at (<u>813</u>) <u>470 - 6</u> Area Code Daytime	つろう人: Telephone Number
Enclosed is a check for the	following amount:		
525.00 Filing Fee	S30.00 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 Address:		Street Address	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Merly Logis	Sties LLC		an our records \		
(Name of the Limited (A	Florida Limited Liab	lity Company)	on our records.		
The Articles of Organization for this Limited Liab	ility Company we	re filed on	05/04/202	and assigned	
Florida document number <u>L 31000307</u> (183		•		
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	ne limited liability	company here	2:		
The new name must be distinguishable and contain the word		NA	nere e		_
The new name must be distinguishable and contain the word	ls "Limited Liability (Company," the des	ignation "LLC" or th	ie abbreviation "L.L.C."	
Enter new principal offices address, if applicab	le: _	NA			_
(Principal office address MUST BE A STREET)	ADDRESS)			- N	_
	_				<i>}</i>
				SSE I	المد
Enter new mailing address, if applicable:	-	NA_		1400 E	_
(Mailing address MAY BE A POST OFFICE BC	<u> </u>				
	_				_
	_				
B. If amending the registered agent and/or reg		ress on our rec	ords, <u>enter the r</u>	name of the new regist	<u>tered</u>
agent and/or the new registered office address l	<u>here</u> :				
	·	1			
Name of New Registered Agent:	JOSE L	Merly	Kibs		_
New Registered Office Address:	N 6431	Callow au	Rd. a street address		_
	Lakela	ind	Florida	33810	
		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.

JOSE L. MAY IV RIOS

If Changing Registered Agent, Signature of New Registered Agent

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Jose L. Herly Rios		□Add
			□Remove
		1642 N Galloway Rd. Lakeland FL	D Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
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			□Add
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			Change
			□Add

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n effective date <u>te:</u> If the date	is listed, the dat e inserted in th	the date of files the construction of the cons	and cannot be pr of meet the app	ior to date of filin licable statutor	ig or more than 9	0 days after filing) g.) Pursuant to 605.02 will not be listed
ecord specific is filed.	s a delayed eff	ective date, but r	not an effective	e time, at 12:01	a.m. on the ea	rlier of: (b) T	he 90th day after th
ied <u>05/</u>	121/2011			·			
		Jost Signature of	/ My	r 4 Rios	ntative of a men	aber	
		_					