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COVER LETTER

	ition Secti of Corpo			
		STICS US LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Arti	icles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all c	orrespond	ence concerning this matter	to the following:	
		ROSI ALVES		
		• ***	Name of Person	·
		TRUST SOLUTION TAX	& BOOKKEEPING LLC	
			Firm/Company	
		7031 GRAND NATIONAL	L DR SUITE 111	
			Address	· · · · · · · · · · · · · · · · · · ·
		ORLANDO • FL - 32819		
			City/State and Zip Code	
		ROSI@TRUSTSOLUTION		
		E-mail address: (t	o be used for future annual repo	rt notification)
For further inform	nation con	cerning this matter, please ea	all;	
ROSLALVES			407 705-91	47
	Name of Pe	erson		aytime Telephone Number
Enclosed is a chec	k for the f	following amount:		
■ \$25.00 Filing	Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing z</u> Registra	Address:	ction	Street Addre Registratio	
Division	n of Cor	porations	Division of	Corporations
P.O. Bo		37214		of Tallahassee
। तमक्षाव	ssee, FL	J _ J 14	2413 N. MI	onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUMA LOGISTICS US LLC

2023 MAY 22 AM 7: 38

(<u>vanie or tile Erinte</u>)	A Florida Limited I	Liability Company)	Te. 1	22 ATT
The Articles of Organization for this Limited Lia Florida document number L21000221223	bility Company	were filed on RUMA		nd assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the design	ation "LLC" or the abbreviat	tion "L.L.C."
Enter new principal offices address, if applicable:		7157 NARCOOSSEE RD SUITE 1106		
(Principal office address MUST BE A STREET ADDRESS)		ORLANDO - FL - 33	2822	
		7157 NARCOOSSEI	E PD SHITE LING	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		ORLANDO - FL - 33	2022	
B. If amending the registered agent and/or re agent and/or the new registered office address		address on our recor	ds, <u>enter the name of t</u> l	he new registere
Name of New Registered Agent:	JULIANA BEZERRA			
New Registered Office Address:	7157 NARCOC	SSEE RD SUITE 1106		
	Enter Florida street address			
	ORLANDO		, Florida 32822	
		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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
AMBR	MARCUS G BEZERRA	12019 FOUNDERS ST STE 5	□Add
		ORLANDO - FL - 32832	■Remove
AMBR JULIANA BEZERRA	12019 FOUNDERS ST STE 5	≘ Add	
		ORLANDO - FL - 32832	□Remove
			□Change
	 -	_	□Add
			□Remove
			□Change
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ocument's effective date on the	Department of State's records.		
record specifies a delayed effec Lis filed.	tive date, but not an effective time,	at 12:01 a.m. on the earlier of: (b	o) The 90th day after the
ated MAY 9	2023		
. Har	DI PRZENTA		
	Signature of a riember or authorized	I representative of a member	

Typed or printed name of signee