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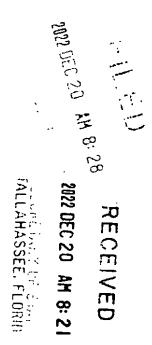
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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Corp	oorations		
SUBJECT: VR	g LOGISTI	cs. LLC	
<del></del>	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	JEAN VIR	ODE/INO	2.1
		Firm/Company	
	4400 NW 5	DE PLANTA	ATTON FL 33317
		Addréss	
	7	City/State and Zip Code	
	E-mail address: (1	City/State and Zip Code  City/State and Zip Code  O be used for future annual report not	fication)
For further information co	ncerning this matter, please ca	ill:	
TEAN V,	<u>ÓELINOIS</u> Person	at (954) 98% Area Code Daytim	2 4 7 7 4 ne Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of Co		Registration Se Division of Cor	
P.O. Box 6321	-	The Centre of T	•

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

## ARTICLES OF AMENDMENT TO

(三)

## ARTICLES OF ORGANIZATION

**OF** 

2022 DEC 20 AM 8: 28

VRG LOGISTICS LL (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 5–17–21 and assigned Florida document number <u>L21000 2276.72</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:  VIRTUOUS RESILIENCE ENTER DRISE, LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
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 registere agent and/or the new registered office address here:  Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
Florida
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 th

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Add
			□Remove
			□ Change
			□ Add
			Remove
			□ Change
			□Add
			□ Remove

ii minei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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If an effe <u>Note:</u> 1	re date, if other than the date of filing:	
ie record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.	the
Dated _	20 BECEMBER. 2022.	
	Signature of a member or authorized representative of a member	
	TEAN VILOUDEL, NO15 Typed or printed name of signce	

Filing Fee: \$25.00