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T. MATTHEWS MAR 16 2022

## COVER LETTER

TO: Registration Sec Division of Cor			•
10-51 Logis	sties LLC		
30001.01.		ited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspo	ndence concerning this matter	to the following:	
	Jenny Countz		
		Name of Person	<del></del>
	ZenBusiness Inc.		
		Firm/Company	
	5511 Parkcrest Drive, Suit	e 103	
		Address	
	Austin, TX 78731		
	fulfillment@zenbusiness.co	City/State and Zip Code om	
	E-mail address: (	to be used for future annual report notit	ication)
For further information co	oncerning this matter, please e	all:	
Jenny Countz		844 493-6249 at ()	
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing 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 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

10-51 Logistics LLC

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(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  $\frac{06/01/2021}{1}$ \_\_\_\_ and assigned Florida document number  $\underline{1.21000254103}$ 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 "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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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>	<u>Address</u>	Type of Action
AMBR	Kibera Ward	5757 Grand Canyon Drive	
		Orlando, F1, 32810	■Remove
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Effective date, if other than the or an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Dep	be specific and cannot ck does not meet the	e applicable st	of filing or more the atutory filing req	en 90 days after tili puirements, this da	ng.) Pursuant to 605.020 ite will not be listed a
e record specifies a delayed effective ed is filed.	date, but not an effi	ective time, at	12:01 a.m. on th	e earlier of: (b)	The 90th day after the
Dated February 28	202	2			
/s/ Terrence M Ward	ignature of a member				
· ·	·				
,	ignature of a member	or authorized i	epresentative of a	member	