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(Reque	stor's Name)
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Special Instructions to Filin	g Officer:

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## **COVER LETTER**

TO: Registration 8 Division of Co				
	LOGISTICS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Luckner Brave			
		Name of Person	<del></del>	
	L'UNION LOGISTICS LI			
		Lirm/Company		<b>7</b> 07
	1990 NE 163RD STSTE 2	06	TALL	
		Address	P.	
	N MIAMI BEACH, FL 33	162	デース ラン い い	2024 APR -1 AM 9: 29
		City-State and Zip Code	 ដោ	if 3 9
	luckybrave2000@yahoo.co	in to be used for future annual report notic	يت.	29
			lication)	111 -
For further information	concerning this matter, please of	aH:		
Luckner Brave		786 537-4986		
Name	of Person	786 537-4986 at () Area Code Daytim	e Telephone Number	-
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	D \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	72 \$60.00 Filing Fe Certificate of St Certified Copy radditional copy is	tatus &
Mailing Addre Registration		Street Address: Registration Sec	etion	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L'UNION LOGISTICS LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Torida document number $\frac{L21000264064}{L21000264064}$ .	were filed on 06/07/2021	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		SEC
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BON</u>		2021 APR -1 IM 9: 29 SECRETARY OF STATE:
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	aZip 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>	Address	Type of Action
AMBR	Luckner Brave	16201 NW 18TH AVE	■Add
	MGRM Hermith Cherisme 1425 NW 126TH ST  MIAMI, Ft. 33167		_
			□Change
MGRM	Hermith Cherisme		<b></b>
			<b>■</b> Domova
			□Change
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Filing Fee: \$25.00