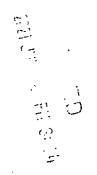
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





7/21/21



## **COVER LETTER**

Registration Section Division of Corporations

CHRICT.	SMURFS I	LOGISTICS LLC	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Edwin Armijo	
		Name of Person	
		Simplex Group Inc	
	<del></del>	Firm/Company	
	750	00 NW 52ND ST suite 100	
		Address	
		Miami FL 33166	
		City/State and Zip Code	
		permits@simplexgroup.net	
	E-mail address: (	to be used for future annual report n	otification)
For further information c	oncerning this matter, please c	all.	
ARMANDO	) PEREZ	716 7080751	
Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for the	ie 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 Solvision of Control P.O. Box 632	Section Corporations 17	Street Address: Registration S Division of C The Centre of 2415 N. Mon	orporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SMURFS LOGISTICS LLC		
(Name of the Limited (A	Liability Company as it now appears Florida Limited Liability Company)	an aur records.)	
The Articles of Organization for this Limited Liabs Florida document number	ility Company were filed on	06/07/2021	and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, <u>enter the new name of th</u>	ie limited ligbility company her	<u>'e</u> :	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET).	ADDRESS)		
		. <u> </u>	
Enter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>	<del>-</del>	<u> </u>
B. If amending the registered agent and/or regi agent and/or the new registered office address I		cords, <u>enter the na</u> r	ng of the new registe
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	-
•	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 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>	Name	Address	Type of Action
MGR	JUANA B RUIZ		
		200 SUMMER WIND TRAIL	
		PALM BEACH GARDENS, FL 33410	□Change
			Remove
			Change
			🗆 Add
			Remove
			Change
			DAdd
			□Remove
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fective da	te, if other than the date ate is listed, the date must be s	e of filing:	(optio	nal) filing.) Pursuant to 605.0
If the o	date inserted in this block o	loes not meet the applicable st	of filing or more than 90 days after a satutory filing requirements, this	date will not be listed as
cord speci filed.	fies a delayed effective dat	e, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after the
1	July 8th	2021		<del>(2)</del>
ed			[ <del>- ]</del>	
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Filing Fee: \$25.00