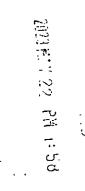
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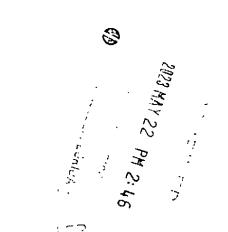
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<b>,</b> ,
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 4 ogistic 305 LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alison Schwartz Name of Person
Firm/Company
1631 Del Prado Blud 5 Ste 300
Cape Coral F-1. 33990  City/State and Zip Code
rickalldaycole@gmail.com
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call.
Alisea Schwartz at 186 S59 - 2376 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\bigcup \\$30.00 Filing Fee & Certificate of Status \$\bigcup \\$55.00 Filing Fee & Certificate of Status \$\bigcup \\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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

<del>7-</del>	200
Logistic 305, LL	C 2023 MAY 22 Pii 1:50
Name of the Limited Liability Company (A Florida Limited Lia	Y as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 21 006 375 401</u>	vere filed on 67/16/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability Rolf Guru 305 in LLC	
The new name must be distinguishable and contain the words 'Alimited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	N/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent: Alison	Schwartz  Del prudo blud 5, suite 300  Enter Florida street address
New Registered Office Address: _/631	Del prudo blad 5, surte 300
Cape Com	Florida 33 9 90  City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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	e date, if other than	must be specific and a	cannot be prior to date	of filing or more than 00 days.	optional) after filing.) Pursuant to 605,020 , this date will not be listed a
an effec	tive date is listed, the date	e Department of St	ate's records.		
an effectioner If	tive date is listed, the date the date inserted in thint's effective date on the specifies a delayed effe				
an effectioner. If ocumer record:	tive date is listed, the date the date inserted in thint's effective date on the specifies a delayed effe				
an effec iote: If ocumer	tive date is listed, the date interest in this trib effective date on the specifies a delayed effect.  May 22	ctive date, but not a	an effective time, at		f: (b) The 90th day after the

Filing Fee: \$25.00