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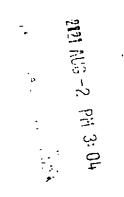
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### **COVER LETTER**

FO: Registration Section Division of Corporation			
SUBJECT: PA() (1)	MA LOGISTICS  Name of Limite	d Liability Company	
The enclosed Articles of Art	nendment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	<u> </u>	WCIKEY, JR.	
		Firm/Company	
		1 min Company	
	12870 Track	Address FDUY #	ID7
	Bunita Sprin	City/State and Zip Code	<u>.</u>
	7 1010 111 1 0 . 1 0 111 1	COLOGISTICS CON be used for future annual report notifica	tion)
For further information cond	cerning this matter, please call	1:	
0500 Walk	erson / JP	at (239) 285   28 Area Code Daytime T	elephone Number
Enclosed is a check for the f	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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Molling	LUGISTICS	LU	
( <u>Name of the Limi</u>	ted Liábility Company (A Florida Limited Lia	as it now appears on or bility Company)	u <u>r records.</u> )
The Articles of Organization for this Limited L Florida document number <u>L210003313 7</u>	iability Company w	were filed on $0.7/2$	1 2021 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liabili	ty company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability	Company." the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		و <del>.</del>
(Principal office address MUST BE A STREE	ET ADDRESS)		· 3
			<u></u> ਹ
			r\omega
Enter new mailing address, if applicable:		···	PA
(Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addre	ss here:		
Name of New Registered Agent:		Walker,	
New Registered Office Address:		Enter Florida stre	eet address
	Bonita Sp	City J	, Florida 34/35 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 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
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing	optio g or more than 90 days after t	iling.) Purs	suant to 605.0
e: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	filing requirements, this	date will	not be listed
	a.m. on the earlier of: (b)	The 90t	h day after
cord specifies a delayed effective date, but not an effective time, at 12:01 sfiled.			
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ed July 20 , 202].			
ed July 20 Representation of a member or authorized representation of the second specifies a delayed effective date, but not an effective time, at 12:01 s filed.	stative of a member		•

## Cover Letter

To:Florida Department of State- Division of Corporations

From: Oscar Walker, JR 11901 Forest Mere Dr Bonita Springs, FL 34135 239-285-1286