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COVER LETTER

TO;	Registration Se Division of Cor		•	
cumu	· / • / I'	CITYLINE TRUC	CKING LOGISTICS LLC	
SUBJI	<u> </u>	Name of Lim	uted Liability Company	
The en	closed Articles of	at (1		
Please	return all correspo	indence concerning this matter	to the following:	
			Name of Person	
		CITYLIN		
		- · - · · · · · · · · · · · · · · · · · · ·	Firm Company	·
		16	0 International Parkway #250	
			Address	
			Heathrow, FL 32746	
			City/State and Zip Code	
		E-mail address; (to be used for future annual report not	ification)
For fur	ther information c	oncerning this matter, please ca	all:	
	Willie Pierre			
Name of Person			Area Code Daytin	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$2	5,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	[2] \$55.00 Filling Fee & Certified Copy radditional copy is enclosed)	L1 \$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

CITYLINE TRUCK	ING LOGISTICS LLC	
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records. Liability Company)	,1
The Articles of Organization for this Limited Liability Company	were filed on July 26, 2021	and assigned
Florida document number 1.21000338087		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
CITYLINE EXPRESS LOGISTICS LLC		
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	250 W Lake Mary Blvd	
(Principal office address MUST BE A STREET ADDRESS)	Suite 254	28
	Santord, F1, 32773	2024 F. F.
		70 0-300
Enter new mailing address, if applicable:	160 International Parkway	6
(Mailing address MAY BE A POST OFFICE BOX)	Suite 250	P
	Heathrow, FL 32746	٠ ٽ <u>ن</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Flovida street address	
	, Flor	
	Circ	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
			□Add
			□Remove
			□Add
			DRemove
			🗆 Change
			□Add
			[]Remove
			[]Change
			🗀 Ađd
			[]Remove
			UChange
			□Add
			□Remove
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ffective date, if other than an effective date is listed, the date (ote: If the date inserted in thi ocument's effective date on th	must be specific and cann s block does not meet t	ot be prior to date on the applicable sta	of filing or more than s		
record specifies a delayed effe I is filed.	etive date, but not an el	ffective time, at	12:01 a.m. on the ea	rlier of: (b) The 90tl	a day after the
February 25	20)24 /			
ented		_ /_ / / '			
ated	11.00.01	Line			
aned	Signature of a myorio	er or authorized re	presentative of a mer	npet	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00