## 121000344972

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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	nited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Tomas Otero			
	Name of Person			
	Otero Logistics, LLC			
	Firm/Company			
	2459 W ROBLE DRIVE			
	<del></del>	Address		
	KISSIMMEE, FL 34746			
		City/State and Zip Code		
	E mail addrass:	to be used for future annual report noti	tigation)	
For further information c	oncerning this matter, please c	·	neation)	
Fomas Otero		407 486- 0307		
Name of Person		at () Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne 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 Addres		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 OCT -4 PHI2: 12

OTERO LOGISTICS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con	mpany were filed on <u>07/30/2021</u>	and assigned
Florida document number <u>L21000344972</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>er</u>	nter the name of the new registered
- <b>_</b>		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
-	 City	. Florida
New Registered Agent's Signature, if changing Registered A	•	zip Code
And the particle of the control of t	<u>vecur.</u>	

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 1 DCT -4 PH12: 12	Type of Action
MGR	OTERO, JOSELINE	2459 W ROBLE DRIVE	
		KISSIMMEE, FL 34746	ERemove
			□ Change
P	OTERO, TOMAS	2459 W ROBLE DRIVE	@Add
		KISSIMMEE, FL 34746	
			□ Change
			□Add
			□Remove
			□Change
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			□Change
			□ Add
			□Remove
			□ Change

Typed or printed name of signee

Tomas