L21000387542

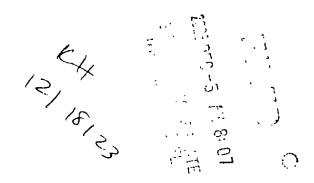
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Division of C				
SUBJECT: M.	P. N LOGISTICS S Name of Lin	SERVICES LLC aited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	JUNIOR	RSILVERIO Name of Person		
	mpn Log	1STICS SPRUICE, L		
	5934 Ben	O Pine Drive # 4º	9	
	ORLANDO	SPL 32827 City/State and Zip Code	<u> </u>	
	SILVETIOJUN E-mail address: (to be used for future annual report not	ification)	
For further information	concerning this matter, please c	all:		
JUNIOR SIL	VERIO of Person	at (<u>321</u>) <u>290</u> - Area Code Daytin	-3548 ne Telephone Number	
Enclosed is a check for	the following amount:		·	,
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		ز ن

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

M.V. /V LOGISTICS SE	EVICES LLC		
(A Florida Limited (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 21000387542</u> .	y were filed on <u>08 30 2021</u>	and assigno	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility 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)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u>—</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new re	gistered
Name of New Registered Agent:		• • • • • • • • • • • • • • • • • • • •	;
New Registered Office Address:		١٠	<u> </u>
	Enter Florida street address	16)
	, Florida _		
	City	zip coae	(

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
ADBR	WILFREDO SANTA RAMOS	4652 MARCOS CIR	🗆 Add
		KISSIMMeg FL 34758	KRemove
			□Change
Poble	JUNIORRSILVERIO	5934 BEND PINE DRIVE # 420	Add
		ORLANDO, FL.: 32822	□Remove
			□Change
			🗆 Add
			□Remove
			Change
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0	days after fi	(optional) days after filing.) Pursuments, this date will no	(optional) Odays after filing.) Pursuant to 605:03 ments, this date will not be listed

Filing Fee: \$25.00