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	City/State/Zip/Phone #)	<u>. </u>
PICK-UP	☐ WAIT	MAIL
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10/18/21--01033--023 **25.00



T. MATTHEWS

UU1 27 2021

COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: A	HV LOGIST	7CA LLC	
30 batter:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
		-	
Please return all correspo	ndence concerning this matter	to the following:	
	JUAN A	ANDRES ROORIG	UEZ
		Name of Person	
		Firm/Company	
	255 GIRAU	MAJE SUITE SOO	
		Address	
	CORAL GA	BLES FL 3312	> 4
		City/State and Zip Code	_ -`
	irodrigu	BLES, FL 3312 City/State and Zip Code 1020 Tht. Com. ar to be used for future annual report notifica	
	f:-mail address: ()	o be used for future annual report notifica	ation)
For further information c	oncerning this matter, please ca	all:	
	ES 200216052	at (<u>30S</u>) <u>81S -</u> Area Code <u>Daytime</u> T	3025
Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	ne following amount:		
,	-	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
ed 325.00 Fining Fee		Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address:	
Division of Corporations		Registration Secti Division of Corpo	
P.O. Box 6327		The Centre of Tal	
Tallahassee. FL 32314		2415 N. Monroe S Tallahassee, FL 3	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

OF

21 007 15 Fil 3: 22	
RHV LOGISTICA 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 Company were filed on O9/09/2021 and assigned	
Plorida document number L21000400549	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter now principal offices address if anytically.	
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)	
	
O If amonding the mariety and another than 1 or 1 o	
3. If amending the registered agent and/or registered office address on our records, enter the name of the new registent and/or the new registered office address here:	stered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	_
Florida 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:

21 607 19 FH 3: 22 MGR = Manager AMBR = Authorized Member Address Title Name **Type of Action** NGR Vitale, Willermo Augusto 17555 Atlantic BLUD MAND # 1004 Sonny Isles, DRemove FL 33 160 _____ Change _____ □Remove _____ □Change _____ □Remove _____ □Change _____ □Remove _____ Remove

Effective date, if other than the date of filing: (Optional) (If an effective date, if other than the date of filing: (Optional) (If an effective date is issued, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207(Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The date of the date will not be listed as the document's effective date on the Department of State's records. Dated October		ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:	-	21 CCT 10 F.1 3
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Filing Fee: \$25.00