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COVER LETTER

TO:

Registration Section

Divis	ion of Cor	porations	.•		
5115 16 OT	OneElite	:Logistics LLC			
SUBJECT: _		Name of Lim	ited Liability Company		
The enclosed.	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return a	all correspo	ondence concerning this matter	to the following:		
		Titfany Prill			
		<u> </u>	Name of Person		
		OneEliteLogistics LLC			
			Firm/Company	-	
		2374 Granadeer st			
			Address		
		Port Charlotte, Florida 339	52		
			City/State and Zip Code		
		Telitelogisticslle@gmail.com			
		E-mail address: (to be used for future annual report notif	fication)	
For further inf	formation c	oncerning this matter, please ca	all:		
Tiffany Prill			941 626-9792		
	Name o	f Person	at () Area Code — Daytimo	e Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 Fi	ling Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Reg Divi		Section Torporations	<u>Street Address:</u> Registration Sec Division of Cor	porations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OneEliteLogistics 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 $\frac{9-17-21}{2}$ Florida document number 1.21000413018 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

City

If Charity David and American C.V., David and American

Enter Florida street address

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
AMBR	Tiffany Prill	2374 Granandeer St. Port Charlotte, Fl	□Add
			□Remove
		Change from MNGR to AMBR	
			□Add
			□Remove
			□Change
			Add Co
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			□ Change
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to e: If the date inserted in this block does not meet the applical iment's effective date on the Department of State's records.	a date of filing or more	(optional) than 90 days after filing quirements, this date	.) Pursua	mt to 605.02 of be listed
ord specifies a delayed effective date, but not an effective tim filed.	ne, at 12:01 a.m. on t	he earlier of: (b) Tl	ie 90th	day after tl
ed October 22nd				
Signature Volumember or buthor	Pull			