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COVER LETTER

TO:

Registration Section

Division of Cor	rporations			
	Logistics, LLC	. "		
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Xavier-	Tate		
		Name of Person		-
	She's Royal Logisitics, LLC	C		
Firm/Company				
	401 N. Rosemary Avenue,	Suite 24		
		Address		-
	West Palm Beach, FL 3340) [
	1 11	City/State and Zip Code		-
	gringtime E-mail address:	2300@gmaila to be used for future annual report notifi	Cation)	20
For further information of	concerning this matter, please ca		,	121 DE
Xavier	Tate	ai (561) 639-	3137	2021 DEC 27 PH 2: 2
	of Person	Area Code Daytime	Telephone Numbe	
Enclosed is a check for t	he following amount:			20
25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite (810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on _ 21000 414 066 Florida document number 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.

/If Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	LaTonya Royal	401 N. Rosemary Avenue, Suite 24	≣Add
		West Palm Beach, FL 33401	□Remove
			□ Change
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			OChange OARIO 27
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing of ote: If the date inserted in this block does not meet the applicable statutory focument's effective date on the Department of State's records.	(optional) or more than 90 days after tiling.) Pursuant to 603 Iling requirements, this date will not be list	5, 020 5 led as
record specifies a delayed effective date, but not an effective time, at 12:01 a.: Lis filed.	m. on the earlier of: (b) The 90th day afte	er the
Signature of a member of authorized representa Yaver Jate		
(NOTHING 1014)	tive of a mamber	

Filing Fee: \$25.00