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2022 FEB 15 AM 9: 5

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sovereign Kings Logistics LLC Warme of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dieudonne Jerone Name of Person
Sovereign Kings Logistics LCC
2519 Chapala Drive
Kissimmee, FL. 34746 City/State and Zip Code
Sovereign lings Communication E-mail address: (to be used for future administration)
For further information concerning this matter, please call:
Marc MompowT at (331) 663-1231 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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**

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(Name of the Limited Lability (A Florida L	Company as it now to pears on our records. A MASSELLI Committed Limited Limite
The Articles of Organization for this Limited Liability Cor Florida document number <u>L21000450456</u>	mpany were filed on $10/15/21$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDREST)	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C." ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
Now Dogistered Agent's Signature if changing Registered	l 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

Title	<u>Name</u>	Address	Type of Action
MANINGER	Dieudonne Jerome	2519 Chapala Drive Kissimmee Ift. 34746	\dd
			□Remove
			□Change
			□Add
			□Remove
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If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
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(If an effecti Note: If	date, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (2) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
ord is filed	
Dated	February 15th, 2022.
	February 15TH, 2027. M. M. Signature of a member or abtherized representative of a member
	Marc Monpoint Typed or printed hame of signee

Filing Fee: \$25.00