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## COVER LETTER

TO: Registration Sec Division of Corp			· .		
· ·	Treation of the American Transition				
SUBJECT: LOSIBLOC	GISTICS & TRANSPORTATION	JN, LLC led Liability Company			
	Name of Birm	ed chorny company			
The enclosed Articles of .	Amendment and fee(s) are subm	nitted for filing.			
Please return all correspo	ndence concerning this matter t	o the following:			
	MICHAEL REYES MALE	OONADO	22 AUG 31 PM 3: 5		
		Name of Person	<u>3</u> 9		
	LOSIF LOGISTICS & TRA	ANSPORTATION, LLC	P#		
		Firm/Company	ယ္က ရွိ		
	14604 CLINTON ST		59		
		Address			
	DOVER, FL 33527				
	E-mail address: (t	City/State and Zip Code  CS TO SOFTO  o be used for future annual report note	hon @gmail.com		
For further information c	oncerning this matter, please ca	ill:			
MICHAEL REYES MA	LDONADO	at (787) 455-2236			
	f Person		e Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:			
Registration S Division of C		Registration Section Division of Corporations			
P.O. Box 632	-	The Centre of	•		
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flor	bility Comparida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L21000470885</u>	y Company 	were filed on 10/29/2021	and assigned
This amendment is submitted to amend the following:	:		
A. If amending name, <u>enter the new name of the li</u>	imited liat	pility company here:	
			22
The new name must be distinguishable and contain the words "I	Limited Liab	lity Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		14604 CLINTON ST	UG 사용 
Principal office address MUST BE A STREET AD	DRESS)	DOVER, FL 33527	
			မ —_မ
			: <b>5</b> 9
Enter new mailing address, if applicable:		14604 CLINTON ST	
Mailing address MAY BE A POST OFFICE BOX)	•	DOVER, FL 33527	<u>.</u>
B. If amending the registered agent and/or registe agent and/or the new registered office address her Name of New Registered Agent:	<u>e</u> :	address on our records, enter th	e name of the new regist
	604 CLINT	ONST	
New Registered Office Address: 140	OV4 CLINT	Enter Florida street address	
DC	OVER	Class	ida 33527
		City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

LOCKEL OCICTICS & TRANSBORTATION LLC

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	JOSE A RODRIGUEZ	500 VILLAS DE CIUDAD JARDIN APT J-301	□Add
		BAYAMON, PR 00957 US	<b>≡</b> Remove
			□Change
	- All All All All All All All All All Al		□Add
			□Remove
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document's effective date on	the Department of	of State's record	<b>1</b> 8.				
record specifies a delayed ef d is filed.	fective date, but	not an effective	time, at 12:01 a	.m. on the earlic	er of: (b) The 90	)th day aft	ter the
Dated 08/29		2022					
	11						
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Typed or printed name of signee