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	Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions	to Filing Officer:	
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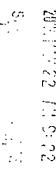
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:		IS LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	YC	DLANDA VILLARREAL	
		Name of Person	
		PENTHA LOGISTICS LLC	
	-	Firm/Company	
	I	6461 Raquet Cub Rd, suite 4702A	
		Address	
		Weston FL 33326	
		City/State and Zip Code	·
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
YOLANDA VILLARRE	EAL	305 924-8054	
Name o	f Person	at () Area Code Daytin	ne 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 Registration S Division of C	Section orporations	Street Address: Registration Se Division of Con	rporations =
P.O. Box 632	1	The Centre of T	ananassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ERVIS LLC	
(Name of the Limit	ed Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Li Florida document number L21000479033	ability Company were filed on11/05/	and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
N/A		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u> </u>	
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our recor s here:	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:	
I hereby accept the appointment as registered provisions of all statutes relative to the prope	d agent and agree to act in this capa er and complete performance of my a	city. I further agree to comply with the duties, and I am familia?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

100 100 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>	Name	Address	Type of Action
AMBR	JORGE E ORTIZ SIERRA	4311 WEST PALM BEACH, FL 33406	■Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
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an effect	ve date is listed, the the date inserted in	date must be speci-	fic and cannot be pri	or to date of filing o	r more than 90 days	after filing) Pure	uant to 605,0201
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recora s Lis filed.	pecifies a delayed	effective date, by	it not an effective	time, at 12:01 a.r	n, on the earlier o	f: (b) The 90th	ı day after the
ated	05/15/2024 —————		;	·		'^1	202
			<u> </u>	···	11		
		Signature	of a member or au	horized representati	ve of a member		7
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