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COVER LETTER

TO: Registra Division				
CHRITZET.	ARDI	ENTERPRISES LLC		
SUBJECT:	·	Name of Lin	ited Liability Company	
The enclosed Arti	cles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all co	orrespond	lence concerning this matter	to the following:	
		KIM BARNES		
			Name of Person	
			Firm/Company	
		560 MANATEE BAY DR		
			Address	
		BOYNTON BEACH FL 3	3435	
		BARNESK1084@GMAIL	City/State and Zip Code COM	
		E-mail address: (to be used for future annual report notific	cation)
For further inform	ation con	ncerning this matter, please c	all:	
KIM BARNES			863 698-1084	
	Name of F	Person	Area Code Daytime	Telephone Number
Enclosed is a chee	k for the	following amount:		200
■ \$25.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing free. C Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A Registra Division P.O. Bo Tallaha	ation Se n of Co ox 6327	rporations	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	tion forations flahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ARTICLES OF	FORGANIZATION	or B of
	OF	مرقعه سرائل
	Or	
ARDI ENTERPRISES LLC		المراجع المراجع المراجع
(Name of the Limited Liability Cor	mpany as it now appears on our records.) ted Liability Company)	
(A Florida Limit	ed Liability Company)	
	m 1 1/12/2021	0
The Articles of Organization for this Limited Liability Compa	iny were filed on	and assigned
Florida document number L21000488510		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	<u>iability company here</u> :	
ARDI LOGISTICS LLC		
The new name must be distinguishable and contain the words "Limited Li	inhility Company " the designation "H C" or	the abbreviation "L.L.C."
	and the same of th	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	1	
Tracepar office data ess STOST DE A STREET ADDRESS,		
Enter new modifier address if and back in		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
n 16		
B. If amending the registered agent and/or registered office	ce address on our records, <u>enter the</u>	name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered rigent.		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la Ziv Code
	City	Zip Code

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. Thereby 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
		□Change	□ Change
			□ Add
			□Remove
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			□Remove
			□ Change

Effective 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 or more than 90 days after filing.) Pursuant to 605,0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distilled. Dated Signature of a meniber or authorized representative of a member			=
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Filing Fee: \$25.00