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COVER LETTER

TO: Registration S Division of Co		•	
ARDI LO	OGISTICS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	KIM BARNES		
		Name of Person	
	ARDI LOGISTICS		
		Firm/Company	2023
	5433 LAKEFRONT BLV	D UNIT B	
		Address	
	DELRAY BEACH, FL	33484	
	- <u> </u>	City/State and Zip Code	
	POGOKIMI@GMAIL.CO	OM (to be used for future annual report notification)	
For further information	concerning this matter, please c	·	
KIM BARNES		863 698-1084 at ()	
Name	of Person	Area Code Daytime Telephone	Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addr Registration		Street Address: Registration Section	
_	Corporations	Division of Corporations	
P.O. Box 63		The Centre of Tallahasse	
Tallahassee,	ГL 32314	2415 N. Monroe Street, S	oute 910

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	nany as it now appea	ers on our records.)		
The Articles of Organization for this Limited Liability Companies Florida document number				and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company h	<u>ere</u> :		
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the	designation "LLC" or	the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:			<u></u>	20.
Principal office address MUST BE A STREET ADDRESS)			<u> </u>	30(
	-		-	
			* 1	
Enter new mailing address, if applicable:			:	= '1
Mailing address MAY BE A POST OFFICE BOX)			2023 OUT 24 AM 9: 55	
Muning university MAT BE A FOST OFFICE BOAT				- 51
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, enter the	name o	the new regi
Name of New Registered Agent:		·		
New Registered Office Address:	Enter Flo	orida street address	-	
		. Florid	la.	
	City	, r ivi iu		Zip Code

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

ADDIT OCIETICS 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 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>	Address	Type of Action
AMBR	TOVSTOLIS, IGOR	9310 TOWNE CENTER DRIVE UNIT 72	□Add
		SAN DIEGO, CALIFORNIA 92121	≣Remove
			□Change
			🗀 Add
			Remove
			
			□ Add
		TALLS:	2623 Of T 24
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	frae a dalarras	ffective date,	but not an	ı effective	time, at 1	2:01 a.m.	on the ea	rlier of: (b) The	90th day	√ after the
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