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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
	J. HORNE AUG 18 202	?

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2022 AUG 18 PH 1: 41 SECRETARY OF SAME

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

BENX LOGITICS LLC SUBJECT: Name 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: Crystal Netherland Name of Person Firm/Company 95006 Windflower Trail Address Fernandina Beach FL 32034 City/State and Zip Code crystal@benxlogistics.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Crystal Netherland 742-1158 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee. □ \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section **Registration Section** Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FII ED
2022 AUG 18 PM 1:50

BENX LOGITICS LLC

(Name of the Limited Liability Company as it now appears on our records H: 55555...
(A Florida Limited Liability Company)

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bility company here:		
bility Company," the designation	n "LLC" or the abbreviation "L.L.C."	
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e address on our records,	enter the name of the new register	
Enter Florida street address		
1,110	The State	
1	ability company here: bility Company," the designatio	

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
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If an effective date	if other than the dat is listed, the date must be	specific and cannot h	pe prior to date of filing	g or more than 90 days	ptionar) after filing.) Pursuant to	605.0207
document's effe	e inserted in this block of the clark of the court of the Depart	meet the imeet the iment of State's re	applicable statutory ecords.	tiling requirements.	this date will not be	listed as
e record specifie rd is filed.	a delayed effective da	e, but not an effec	ctive time, at 12:01	a.m. on the earlier of	(b) The 90th day	atter the
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August 1 Dated		·	·			