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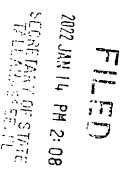
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Y. SCOTT JAN <del>2 3</del> 2022

## **COVER LETTER**

Division of Corp					
SUBJECT: L.A.	A.B Logistics	LLC			
-	Kame of Limi	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	_	2NISha Dancy Name of Person			
	LAAB	LD(ZISTICS LI	~C		
	GO NU	1 51st st		2022. \$1.00 \$1.70	
		Address		JAN	
	mitmi	FL 33127			
	LAAB LOGIS	City/State and Zip Code  T ( S L C Q , Ya Noo , Co to be used for future annual report notific	com	PM 2: 08	
	E-mail address: (1	to be used for future annual report notifi	ication)	PATE 80	
For further information co	ncerning this matter, please ca	all;		·	
Ant tenis	na Dancy Person	at (347) 654 - Area Code Daytime	72 U7 Telephone Number		
Enclosed is a check for the	e following amount:		,		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Centified C	of Status & Copy	
	_		(additional co	opy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L.A.AB COGISTICS LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 12 10 2021 and assigned Florida document number 12 1000521439.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	- - -
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:	] ered
Name of New Registered Agent:	_
New Registered Office Address:  Enter Florida street address	-
	_

## New Registered Agent's Signature is 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. 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>	Name	Address	Type of Action
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			□Remove
NGL	Byron Daney	900 NW 5/st St MIAMI, FL 33127	
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Effective date, if other than	the date of fili	ng:		(ор	tional)		
(If an effective date is fisted, the dat <u>Note:</u> If the date inserted in the	nis block does not	meet the applica	to date of filing or nable statutory filin	ore than 90 days af g requirements, t	ter filing.) Pursu his date will n	ant to 605.02 of be listed	07 (3 as th
document's effective date on t	he Department of	State's records.					
he record specifies a delayed efford is filed.	ective date, but n	ot an effective ti	mc, at 12:01 a.m.	on the earlier of:	(b) The 90th	day after th	he
Dated Junuary 10		2027.					
Dated John Str.	1112-	1 /	·				
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Filing Fee: \$25.00