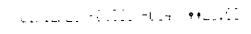
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COVER LETTER

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TO: 'Registration Section Division of Corporat	tions
SUBJECT:	Name of Aimited Liability Company
The enclosed Articles of Amer	ndment and fee(s) are submitted for filing.
Please return all correspondence	ce concerning this matter to the following:
For further information concer	
AM MRA Name of Perso	FRANCO at 239 270-2445 Area Code Daytime Telephone Number
Enclosed is a check for the foll	
Mailing Address: Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3.	orations Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FDZ hogi	stics LLC	
(Name of the Limited Liability Cympa (A Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 12100527556	were filed on 12 (14/202)	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab $\bigwedge / \not A$	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5642 6th Stre	eet West
(Principal office address MUST BE A STREET ADDRESS)	Unit 1-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5642 6th Streeth Streeth Streeth Streeth Acres, Fl. Jehigh Acres, F. Lehigh Acres, F. Lehigh Acres, F.	= 1. 33971 = 1. 33971
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the na</u>	****
agent and/or the new registered office address here: Name of New Registered Agent:	N/A	2023 C
New Registered Office Address:	Enter Florida street address	
	, Florida _	<u> </u>
	City	- CZip 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, 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>	1 // a	Address	Type of Action
		10/A		_ 🗆 Add
				_ □Remove
				_ □Change
				_ □Add
				_ □Remove
				_ □Change
				_ 🗆 Add
			Ä.	: S _□Remove
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				_ ⊡Change
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				_ □Remove
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				_ □Remove
				□Change

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Filing Fee: \$25.00