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T. MATTHEWS APR 2 8 2022

COVER LETTER

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: Tatiana Chang Name of Person Onyx Logistics LLC Firm/Company 12557 New Brittany V37 Address Fort Myers, FL 33907 City/State and Zip Code tatianac@onyxlogistics.co E-mail address: (to be used for future annual report notification)
Name of Limited Liability Company The enclosed Articles of Amendment and Ice(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Tatiana Chang Name of Person Onyx Logistics LLC Firm/Company 12557 New Brittany V37 Address Fort Myers, FL 33907 City/State and Zip Code tatianac@onyxlogistics.co
Please return all correspondence concerning this matter to the following: Tatiana Chang Name of Person Onyx Logistics LLC: Firm/Company 12557 New Brittany V37 Address Fort Myers, FL 33907 City/State and Zip Code tatianae@onyxlogistics.co
Name of Person Onyx Logistics LLC Firm/Company 12557 New Brittany V37 Address Fort Myers, FL 33907 City/State and Zip Code tatianac@onyxlogistics.co
Onyx Logistics LLC Firm/Company 12557 New Brittany V37 Address Fort Myers, FL 33907 City/State and Zip Code tatianae@onyxlogistics.co
Onyx Logistics LLC Firm/Company 12557 New Brittany V37 Address Fort Myers, FL 33907 City/State and Zip Code tatianac@onyxlogistics.co
Firm/Company 12557 New Brittany V37 Address Fort Myers, FL 33907 City/State and Zip Code tatianac@onyxlogistics.co
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Fort Myers, FL 33907 City/State and Zip Code tatianac@onyxlogistics.co
City/State and Zip Code tatianac@onyxlogistics.co
tatianac@onyxlogistics.co
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tatiana Chang 888 9153167 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 & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status ☐ Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Onyx Logistics LLC		
(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L2200001 # 188	were filed on January 4, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12557 New Brittany	
(Principal office address MUST BE A STREET ADDRESS)	V37	
	Fort Myers, FL 33907	
Enter new mailing address, if applicable:	12557 New Brittany	
(Mailing address MAY BE A POST OFFICE BOX)	<u>V37</u>	
	Fort Myers, FL 33907	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	, Florid	a
	Çıi,	ziji 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>	Address	Type of Action
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ated (0470)		Signature	of a member or a	authorized represen	ntative of a membe	г	