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## **COVER LETTER**

| TO:       | Registration Se<br>Division of Cor |   |   |   |
|-----------|------------------------------------|---|---|---|
| SUBJE     | CT.                                | gistic Services                                 |   |   |
| SUBJE     | CI:                                | Name of Lim                                     | ited Liability Company  | ***************************************   |
| The enc   | losed Articles of                  | Amendment and fee(s) are sub                    | omitted for filing.   |   |
| Please r  | eturn all correspo                 | ondence concerning this matter                  | to the following:   |   |
|           |                                    | Miguel A Toledo Jr                              |   |   |
|           |                                    |   | Name of Person  |   |
|           |                                    | Toledo Logistic Services                        |   |   |
|           |                                    |   | Firm/Company  |   |
|           |                                    | 4215 sw 10Th ave                                |   |   |
|           |                                    |   | Address   |   |
|           |                                    | Cape Coral Florida 33914                        |   |   |
|           |                                    |   | City/State and Zip Code   | <del></del>   |
|           |                                    | wipomari@gmail.com  E-mail address: (           | to be used for future annual report notif                           | ication)  |
| For furtl | her information c                  | oncerning this matter, please c                 | ·   | ,   |
| Miguel    | A Toledo Jr                        |   | 239 6777628   |   |
|           | Name o                             | f Person  |   | : Telephone Number  |
| Enclose   | d is a check for th                | ne following amount:                            |   |   |
| ■ \$25    | .00 Filing Fee                     | ☐ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|           | Mailing Address Registration S     | Section   | Street Address:<br>Registration Sec                                 | etion   |
|           | Division of C                      | Corporations                                    | Division of Com   | norations   |

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

| Toledo Logistic Services  |   |                          |
|---|---|--------------------------|
| (Name of the Limited Liability (<br>(A Florida Li   | Company as it now appears on our records.) mited Liability Company) |                          |
| he Articles of Organization for this Limited Liability Com  | npany were filed on January 31,2022                                 | and assigned             |
| lorida document number 800380807038   |   | •                        |
| his amendment is submitted to amend the following:  |   |                          |
| If amending name, enter the new name of the limited   | 1 liability company here:   |                          |
| he new name must be distinguishable and contain the words "Limited  | Liability Company," the designation "LLC" or t                      | he abbreviation "L.L.C." |
| nter new principal offices address, if applicable:  |   |                          |
| Principal office address MUST BE A STREET ADDRES  | <u> </u>  |                          |
|   |   | ρώ<br>(2.)<br>(3.)       |
|   |   |                          |
| nter new mailing address, if applicable:  |   |                          |
| Mailing address MAY BE A POST OFFICE BOX)   | -   | 0 -                      |
| <del>-</del>  |   |                          |
|   |   |                          |
| . If amending the registered agent and/or registered of gent and/or the new registered office address here: | Mice address on our records, enter the                              | name of the new regist   |
|   |   |                          |
| Name of New Registered Agent:   |   |                          |
| New Registered Office Address:  |   |                          |
|   | Enter Florida street address  |                          |
|   | , Florida   |                          |
|   | Ciņ   | Zip 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           |
|--------------|---------------------|--------------------------|--------------------------|
| MGR          | Miguel A. Toledo Jr | 4215 SW 10th ave         | ≣Add                     |
| _            |                     | Cape Coral Florida 33914 |                          |
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| Effective date, if other than the lift an effective date is listed, the date in Mote: If the date inserted in this document's effective date on the | oust be specific and oblock does not me | cannot be prior to<br>cet the applica | o date of filing or                   | more than 90 daing requiremen | ( <b>optional)</b><br>ys after filing<br>nts, this date | ) Pursuan<br>will not | t to 605.01<br>be listed | 207 (<br>. as t |
| e record specifies a delayed effect<br>rd is filed.   | ive date, but not a                     | an effective tin                      | ne, at 12:01 a.m                      | . on the earlie               | rof: ( <b>b)</b> Th                                     | e 90th da             | ay after t               | he              |
| Dated Febuary 21  |   | 2022                                  |                                       |                               |   |                       |                          |                 |
|   |   |                                       | _ ·                                   |                               |   |                       |                          |                 |
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Filing Fee: \$25.00