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COVERLETTER

	egistration S ivision of Co				
era ir ca		ogistics LLC			
SUBJECT	:	Name of Lin	nited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please retu	rn all corresp	ondence concerning this matter	to the following:		
		Michael Holben			
			Name of Person		
		Holben Logistics LLC			
			Firm/Company		
		4762 Balboa Road			
			Address		
		Crestview, FL 32539			
			City/State and Zip Cod	le	
		holbenlogisticsllc@gmail.c			
		E-mail address: (to be used for future annu-	al report notification	
For further	information c	oncerning this matter, please c	all:		869 2 17
Michael Ho	olben		850 3	398-3753	SHA RA
	Name o	f Person	Area Code	Daytime Telep	
Enclosed is	a check for th	ne following amount:			
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fed Certified Copy (additional copy is e		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	niling Addres gistration S			Address: tration Section	
Di	vision of C	orporations	Divisi	on of Corporati	
	D. Box 632			Centre of Tallaha	
ı a	Hahassee, F	L 32314	2415 1	N. Monroe Stre	CL SUITE 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Holben Logistics LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11 February 2022	and assigned
lorida document number L22000071926		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
Holben Woodworking LLC		
he new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4762 Balboa Road	
Principal office address MUST BE A STREET ADDRESS)		150 273 150
		Cango Tagas Tagas Tagas
		25tm 20 242
inter new mailing address, if applicable:		Section 1
Mailing address MAY BE A POST OFFICE BOX)		ma Pu
Survey was the survey of the box		<u> ਭਾਰ : ਵਿੱਚ</u>
		<u></u>
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	City	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.

<u>or removed</u>	from our records:		e, and address of each person being added
MGR = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
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ective date, if other than the neffective date is listed, the date mu	ust be specific and	d cannot be prior to	o date of filing or	nore than 90 days a	ptional) :fter filing.)	Pursuan	t to 605.02
te: If the date inserted in this burnent's effective date on the I	lock does not r Department of S	meet the applical State's records.	ole statutory fili	ng requirements,	this date	will not	be listed
ecord specifies a delayed effecti s filed.	ve date, but not	t an effective tim	ne, at 12:01 a.m	on the earlier of	(b) The	90th da	ay after th
s med.							
ted 3 March		2023					
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	C:	member or author					