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| (Re | questor's Name) | |
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| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number) | · |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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| TO: Registration Se Division of Cor | | | |
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| | Y LOGISTICS LLC | | |
| SUBJECT: | Name of Limit | ed Liability Company | |
| The enclosed Articles of | Amendment and fec(s) are subt | nitted for filing. | |
| Please return all correspo | ondence concerning this matter t | o the following: | |
| | KENDY SENECHARLES | | |
| | | Name of Person | |
| | KENIENNY LOGISTICS | LLC | |
| | | Firm/Company | |
| | 1800 PEMBROOK DRIVI | E, SUITE 300 | |
| | | Address | |
| | ORLANDO, FL 32810 | | |
| | | City/State and Zip Code | |
| | keniennylogistics@gmail.co | | |
| | | to be used for future annual report not | nncation) |
| For further information | concerning this matter, please c | all: | |
| KENDY SENECHARI | LES | 888 2337620 at () | |
| Name | of Person | Area Code Daytir | me Telephone Number |
| Enclosed is a check for | the following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addr</u> | <u>ess:</u> | Street Address: | |
| Registration | Section | Registration S Division of Co | |
| P.O. Box 63 | Corporations 27 | The Centre of | |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| d Liability Compan A Florida Limited Li | y as it now appears on lability Company) | our records.) | |
|---|---|--|--|
| | | | _ and assigned |
| wing: | | | |
| | lity company here: | | |
| ords "Limited Liabil | ity Company," the design | nation "LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applicable: | | 1800 PEMBROOK DRIVE, SUITE 300 | |
| | ORLANDO, FL 32810 | | |
| T <u>ADDKESS)</u> | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 1800 PEMBROOK DRIVE, SUTTE 300 ORLANDO, FL 32810 | |
| ss here: | | ords, <u>enter the name</u> | of the new registers |
| | | | |
| 1800 PEMBR | | | |
| ONE 1343/2 | Enter Florido | u street address | 2022 |
| ORLANDO | City | Florida | Zip Code |
| | ability Company wing: the limited liabil able: T ADDRESS) BOX) registered office ss here: KENDY SEN | wing: the limited liability company here: ords "Limited Liability Company." the designable: 1800 PEMBROOK ORLANDO, FL 32 Fregistered office address on our reconstitution of the period of | the limited liability company here: ords "Limited Liability Company," the designation "LLC" or the abbre 1800 PEMBROOK DRIVE, SUITE 300 ORLANDO, FL 32810 1800 PEMBROOK DRIVE, SUITE 300 ORLANDO, FL 32810 registered office address on our records, enter the name ss here: KENDY SENECHARLES 1800 PEMBROOK DRIVE, SUITE 300 Enter Florida street address ORLANDO . Florida 328 |

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.

New Registered Agent's Signature, if changing 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> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------------------|-----------------------------------|-----------------|
| mar | JENNYFER JB SENECHARLES | 9301, SUMMIT CENTER WAY UNIT 2130 | □Add |
| J | | ORLANDO, FLORIDA 32810 | □Remove |
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|). If amen | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an effect <u>Note:</u> If | e date, if other than the date of filing: |
| the record : ecord is filed | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the f. |
| Dated N | OVEMBER 13TH 2022 09:05 PM |
| | -1/2 |
| | Signature of a member or authorized representative of a member |
| | KENDY SENECHARLES Kendy Senecharles Typed or printed name of signee |