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COVER LETTER

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Tallahassee, FL 32314

TO: Registration Solution of Co			•
	BAL LOGISTICS LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondent	ondence concerning this matter to	e the following:	
	FUAT SARAYLI		
		Name of Person	
	PROTAX ACCOUNTING	SERVICES INC	
		Firm/Company	
	25 GREENVIEW COURT		
		Address	
	BAYPORT, NY 11705		
		City/State and Zip Code	
	koray.urer@marshall-log.com		
	E-mail address: (10	be used for future annual report not	ification)
For further information	concerning this matter, please ca	II:	
FUAT SARAYLI		516 433-3111 at ()	
Name	of Person	Area Code Daytin	ne 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)
Mailing Addre Registration		Street Address: Registration Se	ection
_	Corporations	Division of Co	
P.O. Box 63	-	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MRS GLOBAL LOGISTICS LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
	oility Company were filed on APRIL 07, 2022	and assigned
lorida document number L22000166655	·	
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of the	he limited liability company here:	
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	OX)	
	-	
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the π here</u> :	ame of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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>Titie</u>	<u>Name</u>	Address	Type of Action
AMBR	KORAY URER	646 NW 170TH TERR	= Add
		PEMBROKE PINES, FL 33028	□Remove
			□Change
			□Add
			□ Remove
			□Remove
			Change
			□Rensove
			Change
			□Add
			Петноче
			□Change
			□Remove
			Change

		
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not me	(optional) annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (2) tet the applicable statutory filing requirements, this date will not be listed as the 's records.
e record specifies a delayed effect rd is filed.	ive date, but not a	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated AUGUST 4	·	2022
	Signature of a sec	ember or authorized representative of a member

•