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Certified Copies	Certificates of Status
Special Instructions t	-
	J. HORNE
	OCT 2 6 2022
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Office Use Only



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10/27/22-01001-01001 PH 4: 09

RECEIVED

122 OCT 26 PM 3: 5

COVER LETTER

' Division of Corporations		· ·
SUBJECT: E.N.T. logistic	s L.L.c	
- Name of Limite	ed Liability Company	
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
Ebony	Pade H Name of Person	**
, <u> </u>	Firm/Company	· · · · · · · · · · · · · · · · · · ·
4844 N.W	1. 24th Court F	pt 313
lauderoble	bkes F/A City/State and Zip Code	33313
padon 33 (e-mail address:	D Gmall . Com	cation)
For further information concerning this matter, please co	all:	
Elony padoett	at (305_367_ Area Code Daytime	-1172 Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address:
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

FIJED
2022 OCT 26 PH 4: 09
TALLAHASSTEPTER

(Name of the Debited Lability Company 33 in now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4-27-22 and assigned

Florida document number 2200201456

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

Hall New Registered address

Enter Florida street address

Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

5 , Florida \mathcal{Z}

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 Type of Action Address Title Name 4844 NW DYM COUT - BP+ 313 Ambr Treavel Story laude dale lakes, FIA 33313 Memore ____ Change 4844 NOOH+ncat APT 313 Chany probett laudo dale lakes, PIA 33 Ja Remove _____ Change □Add □Remove _____ Change _____ 🗀 Add □Remove __ DChange _ 🗆 Add ... _____ □Change _____ 🗆 🗀 Add □Change

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Dated 10/26/2002	lay after th
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00