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| Certified Copies Certificates of Status | | |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Registration Section Division of Corporations

FABI-LU LOGISTICS. LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ENOC CHARLES

Name of Person

ENOMAX ENTERPRISE, LLC

Firm/Company

68 NE 167 STREET STE 68D

Address

MIAMI, FL 33162

| | City/State and Zip Code | |
|---|---|----------|
| info@enomaxenter | prise.com | |
| E-mail | address: (to be used for future annual report notification) | |
| For further information concerning this matter. | please call: | |
| LUCANNE ARISTIL | 954 673-0929 at () | <u> </u> |

Name of Person

Area Code Daytime 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)

5 23

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

FABI-LU LOGISTICS, LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company were filed on May 11th, 2022 | _and assigned |
|--|---------------|
| Florida document number L22000222184 | |

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: | 3 20 |
|---|------|
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |

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

| Name of New Registered Agent: | | |
|--------------------------------|---------------------------|---------------------|
| New Registered Office Address: | Enter Florida street addi | |
| _ | I | 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>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|-------------------|-----------------------|
| AMBR | FABIENNE ARISTIL | 4951 SW 5TH CT | 🛋 Add |
| | | MARGATE, FL 33068 | 🛛 Remove |
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| <u> </u> | | | 🗆 Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

| NOVEMBER 11th | 2022 |
|---------------|--|
| | $\overline{\left(\begin{array}{c} b \end{array} \right)}$ |
| | (Kt) |
| | Signature of a member or authorized representative of a member |

LUCANNE ARISTIL