7/26/22, 12:09 PM

Division of Corporations

Florida Department of State Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000252427 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NANA LOGISTICS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

Page: 3 of 5

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022-07-26 16:27:13 GMT

NANA LOGISTICS, LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L22000227625	were filed on 05/16/2022	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.l	L.C."
Enter new principal offices address, if applicable:			
(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 a agent and/or the new registered office address here:	address on our records, enter the nam	ne of the new	r registere
Name of New Registered Agent:			
New Registered Office Address:		<u> </u>	_ :
	Emer Florida street address	9	
	, Florida	<u></u>	
New Registered Agent's Signature, if changing Registered Agent:	City	Zipj o de	;-
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	ree to act in this capacity. I further ag performance of my duties, and I am provided for in Chapter 605, F.S. Or,	familiar witi if this docu	h and ment is

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

Page: 4 of 5

<u>Title</u>	Name	Address	Type of Action
MGR	DIONIS DE LEON MOTA	14092 MILLINGTON ST	[]Add
		ORLANDO, FL 32832	
			□Change
AMBR DIONIS DE LEON MOTA		14092 MILLINGTON ST	□Add
		ORLANDO. FL 32×32	≡ Remov c
		□Change	
AMBR STORMY FERRERAS		14092 MILLINGTON ST	≣Add
		ORLANDO, FL 32832	
		DChange	
			LJAdd
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
		<u></u>	□Remove

From Yanet /

Page: 5 of 5

....

-	

_	
.	
	07/25/2022
elf an effect <u>Note:</u> If	date, if other than the date of filing:
Etha record's scord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 c.m. on the earlier of: (b). The 90th day after the
Dated	LY 25 2022
	Signature of a member or sutherized representative of a member
	JENNIFFER MOQUETE MENA
	Typed or printed name of signed