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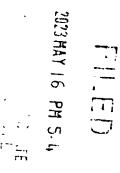
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7/13/23 VW



COVER LETTER

	Registration Se Division of Cor					
SUD IEC		NEVA OFF ALWAYS ON L	OGISTICS LLC			
SUBJEC	.1:	Name of Lin	nited Liability Company			
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	turn all correspo	ondence concerning this matter	to the following:			
		ABBY VEAL				
			Name of Person			
		TRINITY 3 LOGISTICS I	LLC			
Firm/Company						
8100 CRYSTAL BROOK CIRCLE						
			Address	****		
		BROOKSVILLE, FL 3460)1			
			City/State and Zip Co	ode		
		CEDTHOMAS407@GMA				
		E-mail address: (to be used for future am	iual report notification	on)	
For furthe	er information c	oncerning this matter, please c	all:			
ABBY V	EAL		404 at ()	513-0612		
	Name o	f Person	Area Code	Daytime Tele	phone Number	
Enclosed	is a check for th	ne following amount:				
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy is	<i>'</i>	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Pagistration Section			t Address:			
Registration Section Division of Corporations			_	Registration Section Division of Corporations		
F	P.O. Box 632	7		Centre of Tallal		
7	Fallahassee, F	FL 32314	2415	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CEDRIC'S NEVA OFF ALWAYS ON LOGISTICS I		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 6/13/2022	and assigned
Florida document number L22000269626		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
CEDRIC NEVA OFF ALWAYS ON LOGISTICS LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2774 E COLONIAL DR STE C1156	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32808	2023
		H .
		5 ,
Enter new mailing address, if applicable:	2774 E COLONIAL DR STE C1156	-0
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32808	
B. If amending the registered agent and/or registered office :	address on our records, enter the na	me of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	<u> </u>
	City	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
			□Add
			□Remove
			□Change
			∐Remove
			□Add
			□Remove
			□Remove
			⊡Change
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ective date, if other than tl	ne date of filing:			(optional)	
n effective date is listed, the date n te: If the date inserted in this current's effective date on the	nust be specific and canniblock does not meet t	he applicable sta	of filing or more than 6 ntutory filing require	0 days after filing.) Pursuan ments, this date will not	t to 605.0207 (3) be listed as the
cord specifies a delayed effects filed.	tive date, but not an e	ffective time, at	12:01 a.m. on the ea	rlier of: (b) The 90th d	ay after the
ed MAY 10	20	23			
	, , , , , ,	+ To			

Typed or printed name of signee