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

TO: Registration So Division of Cor			
CITE IF CT	ogistics LLC		
эовлест	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	-	
	Paul Piraino Jr		
		Name of Person	
	Syncere Logistics		
		Firm/Company	
	204 w mohawk ave.		
		Address	
	tampa, fl 33604		
	 	City/State and Zip Code	
	syncerelogistics@gmail.com	n to be used for future annual report notil	Toution)
For further information of	concerning this matter, please c		Rations
Paul Piraino Jr		813 409-0070	
Name o	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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 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

FILED

Syncere Logistics LLC

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	and assigned		
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Company," the designati	on "LLC" or the abbreviation "L.L.C."		
	enter the name of the new register		
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	Florida		
City	Zip Code		
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	Enter Florida stree City to act in this capact erformance of my due ovided for in Chapte		

If Changing Registered Agent, Signature of New Registered Agent

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
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December 4 2024 Signature of a member or at	thorized repres	echtarive of a m	ember	ZO		