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(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer.
	,
	J. HORNE
	SEP - 1 2022

Office Use Only



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SECRETARY OF STA

3: 18

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	D Logistic	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	idence concerning this matter t	to the following:	
	• ,	Valido Si Name of Person	
	YNDL	OGISTICS LLC)
	7530 M	ARCCHAL A	Je.
	Port Rich Venesi	City state and Zip Code Va amoul Code o be used for future annual report notif	8
Can Garden in Comment on the	•		ication)
	Jalido Steri Person	a 11(727) 565	8510 Telephone Number
Enclosed is a check for the	e following amount:		
12 \$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

F!! ED

2022 SEP -1 PH 3: 24 iability Company as it now appears on our feebressition lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07-28-2022 and assigned Florida document number 1 22000 3283 67 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, if applicable: (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: New Registered Office Address: Richey, Florida 34668.

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

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>	<u>Address</u>	Type of Action
MGR	Yenesi Valido	7530 MARECHAL A PORT Richey FL 34668	VC□Add
	·	PORT Kichey FL 34668	7 □Remove
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Note:	ve date, if other than the date of filing:
e record rd is file	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 ed.
Dated_	8-25-2022
	Aresto
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00