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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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

Fmail	Address:			
LIHOLL	MUUIESS.			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KONG LOGISTICS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Cor	mpany as it now appears on our records.)	<del></del>
(A Florida Limit	npany as it now appears on our records.) led Liability Company)	
The Articles of Organization for this Limited Liability Comparida document number <u>L22000332677</u>	any were filed on 07/27/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		MP.
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter the na	
Name of New Devictored Assets		2022 SEP
Name of New Registered Agent:		20
New Registered Office Address:	Enter Florida street address	ES A D
	, Florida _	용로 <b>%</b>
	City	Zip Co

## New Registered Agent's Signature, if changing Registered Agent:

Kona Logistics LLC

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	TIFFANY MONTERO	7901 4TH ST N STE 300	🗆 Add
		ST. PETERSBURG, FL 33702	⊠Remove
			□ Change
AMBR	TIFFANY FORREST	7901 4TH ST N STE 300	[X/Add
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			□ Add
			Remove
			□Change
<del></del>			□Add
			□Remove
		4m2 n	□ Change
			DAdd
			Remove
			□ Change
			□Add
		<u> </u>	Remove
			[]Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	we date, if other than the date of filing:
recor d is fi	d 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 led.
Dated	September 20 2022
	Riling Park.
	Signature of a member or authorized representative of a member
	Riley Park

Filing Fee: \$25.00