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Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

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DIVISION OF COMPERATIONS
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COVER LETTER

TO: Registration So Division of Cor		
Turtle Logi	sties LLC	
SUBJECT:		
	Name of Lim	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	Luis Carbonell	
	· · · · · · · · · · · · · · · · · · ·	Name of Person
	Turtle Logistics LLC	1022
		Firm/Company
	951 Brickell Ave Apt 3803	9 50 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		Address
	Miami/FL 33131	PM 12: 07
	Ecarbonell7@gmail.com	City/State and Zip Code
	E-mail address: ((to be used for future annual report notification)
For further information c	oncerning this matter, please c	alt:
Luis Carbonell		305 699-1828
Name o	if Person	at () Area Code —— Daytime Telephone Number
		, was a same of the same of th
Enclosed is a check for the	he following amount:	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration :		Street Address: Registration Section
Division of C	Corporations	Division of Corporations
P.O. Box 632	27	The Centre of Tallahassee

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Turtle Logistics LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ____ and assigned Florida document number 1.22000347311 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Carbonell Enterprises LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 951 Brickell Ave Apt 3803 Enter new principal offices address, if applicable: Miami, FL 33131 (Principal office address MUST BE A STREET ADDRESS) 951 Brickell Ave Apt 3803 Enter new mailing address, if applicable: Miami, FL 33131 (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: Enter Florida street address

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.

City

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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			□Change
			□Add
			□Remove
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Effective date, if other than the c	date of filing:		(opt	tional)	
Note: If the date inserted in this blo	ck does not meet the a	pplicable statutory (or more than 90 days aft filing requirements, th	er filing.) Pursuant to 605 his date will not be fiste	.0207 ed as
document's effective date on the De	partment of State's rec	ords.			
e record specifies a delayed effective rd is filed.	date, but not an effect	ive time, at 12:01 a	.m. on the earlier of: ((b) The 90th day after	r the
August 29	2022				
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Dated	Kind	D :			
Dated	Signature of a member or	authorized representa	ttive of a member		