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COVER LETTER

TO: Registration Section

Division of Co	rporations		
	GISTICS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
ricase return an corresp	ondence concerning this matter	to the following.	
	Maria Quintero		
	-	Name of Person	
	Extreme Quality Group Inc	:	
		Firm/Company	
	7632 Southland Blvd. Ste	100	
	-	Address	
	Orlando, FL 32809		
		City/State and Zip Code	
	info@extremequalitygroup.		
	E-mail address: (to be used for future annual report notif	fication)
For further information	concerning this matter, please ca	all:	
Maria Quintero		407 9852417	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the 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 Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Y817 Logistics 110

- Pogioties Po	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on08 15 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	01/ando. FL 32824
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	27-64 Sedge Grass way orlando. FL 32824
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Zaman	ida Marquez Parra
New Registered Office Address: 2264 5	edge Grass way Enter Florida street address
	ndo , Florida 32824
New Registered Agent's Signature, if changing Registered Agent:	сцу гар сыве

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 Sign nure 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
AMBR	Yusdel Pargas Cervante		□Add
		2701 Crane Trace Cir Orlando. FL	
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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`an effective da Vote: If the d	ite is listed, the do ate inserted in t	n the date of filing the must be specific are this block does not the Department of	nd cannot be prior t meet the applica	o date of tiling or mo	(option re than 90 days after fil requirements, this d	al) ing.) Pursuant to 605,020' ate will not be listed as
record specif I is filed.	ies a delayed ef	fective date, but no	ot an effective tin	ne, at 12:01 a.m. or	n the earlier of: (b)	The 90th day after the
ated	May 1	7	2024			
	-6	fr				
		Signature of a	nember or author	Cervant	f a member	