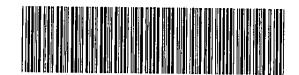
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## **COVER LETTER**

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TO:

Registration Section

Tallahassee, FL 32314

Division of	f Corporations		
118 18 4 83 4 WH	or Logistic Transport LLC		
SUBJECT:	Name of Lin	nited Liability Company	
		_	
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all corr	respondence concerning this matte	r to the following:	
	Alvin Barnes		
		Name of Person	
	Superior Logistic Transpo	ort LLC	
	<del></del>	Firm/Company	
	1142 Sycamore St		
	· · · · · · · · · · · · · · · · · · ·	Address	<del> </del>
	Lakeland FL 33815		
		City/State and Zip Code	T-1
	supplyndemand7@gmail.c	om	
		(to be used for future annual repor	rt notification)
For further information	on concerning this matter, please c	call:	
Alvin Barnes		863 257986 at ( )	59
Nar	ne of Person	Area Code D	aytime Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	: □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add Registratio Division of		<u>Street Addres</u> Registration Division of	
P.O. Box 6			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Superior Logistic Transport LLC							
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	ir records.)				
The Articles of Organization for this Limited L		were filed on 09/06/202	22	and assigned			
Florida document number 1.22000389871	·						
This amendment is submitted to amend the foll	owing:						
A. If amending name, enter the new name o	f the limited liah	oility company here:					
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designati	on "LLC" or the abbrev	riation "L.L.C			
Enter new principal offices address, if applic	able:	1142 Sycamore St					
(Principal office address MUST BE A STREE	TADDRESS)	Lakeland FL 33815		2023 SEG			
				- A A	-		
Enter new mailing address, if applicable:			4 7 6	<b>大部</b> 01.	1942 - 24 1942 - 19 1972 - 1973		
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		· /·	FI AK			
				15. OD	<del></del>		
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office a s here:	address on our records.	, <u>enter the name of</u>	the new ro	gistered		
Name of New Registered Agent:	Alvin Barnes						
New Registered Office Address:	1142 Sycamore	St					
-	<del></del>	Enter Florida stree	t address		<del></del> -		
	Lakeland , Flori			ida <u>33815</u>			
		City		ip Code			

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>	Address	Type of Action
MGR	Alvin Barnes	i142 sycamore st	≅Add
		Lakeland FL 33815	□Remove
			©Change
AMBR	Latisha Danielle Hodges	1142 Sycamore St	
		Lakeland FL 33815	<b>≅</b> Remove
MGR	Sharita Hawkins	1711 Staunton Ave	<b>=</b> Add
		Lakeland FL 33803	□Remove
			S DEanne
			200 HAR TO SECRETAR
			OREMOVE OREM
<del></del>		Lakeland Fi. 33803  SECRETARY OF STATE  ATALASS SECRETARY OF STATE  TALE STATE  SECRETARY OF STATE  SECRET	
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			□Remove
			□Change

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Filing Fee: \$25.00