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COVER LETTER

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Tallahassee, FL 32314

	stration Section of Corp				
I SUBJECT:	1128 SW. i	LLC			
SUBJECT: _		Name of Limi	ted Liability Company		
The enclosed A	Articles of a	Amendment and fee(s) are subr	nitted for filing.		
Please return a	ll correspoi	ndence concerning this matter t	to the following:		
		Lawrence S. Klitzman			
			Name of Person		
		Klitzman Law Group, PLL	С		
			Firm√Company	<u></u> _	
		1301 International Parkway	y, Suite 120		
			Address		
		Sunrise, Florida 33323			
			City/State and Zip Code		
		roger.quesada@dnalogistix. E-mail address: (t	com to be used for future annual rep	ort notification)	
For further inf	ormation co	oncerning this matter, please ca	all:		
Lawrence S. F	Klitzman		954 384 - at ()	4421	
	Name o	f Person	Area Code	Daytime Telepho	ine Number
Enclosed is a	check for th	ne following amount:			
■ \$25.00 Fi	ling 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)
Reg Div		Section Corporations	Division (ion Section of Corporation	
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11128 SW. 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 October 7, 2022 and assigned 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 "L.L.C." 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: Enter Florida street address , Florida _

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
MGR	DNA Property Holdings, LLC	25375 SW 109TH AVENUE	
		HOMESTEAD, FL 33032	■Remove
MGR	DNA Logistix, LLC	25375 SW 109TH AVENUE	■Add
		HOMESTEAD, FL 33032	□Remove
			□Change
			🗀 Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
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