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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





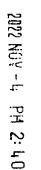
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COVER LETTER

TO: Registration Section
Division of Corporations

YIR SUBJECT:	EH INT	ERNATIONAL LOGISTICS	LLC		
		Name of Lim	ited Liability Company		_ -
The enclosed Artic	cles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all co	orrespon	dence concerning this matter	to the following:		
		Irina Roth Neumann, Esq.			
			Name of Person		
		Roth Private Advising Law	v		
			Firm/Company	<u></u>	
		1000 Brickell Ave., Suite	100		
			Address		
		Miami, FL 33131			
			City/State and Zip Code	·	
		irina@rothpalaw.com			
		E-mail address: (i	o be used for future annual repo	ort notification)	
For further inform	ation cor	accrning this matter, please ca	all:		
Irina Roth Neuma	ınn, Esq.		305 798-83	878	
;	Name of I	Person	Area Code I	Daytime Telephon	c Number
Enclosed is a chec	k for the	following amount:			
■ S25.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	d)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 NOV -4 AH 10: 05

Zip Code

YIREH INTERNATIONAL LOGISTICS LLC

	51,
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)
he Articles of Organization for this Limited Liability Company lorida document number <u>L22000445792</u> .	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	ility company here:
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8322 NW 64th St.
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33166, USA
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regis
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 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
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			□Remove
			□Change
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			□Remove
			
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an effective date is listed, the date must bote: If the date inserted in this bloo	e specific and cannot be prior to dat	e of filing or more than 90	days after filing.) Pursuant to 60:	5.020°
ocument's effective date on the Dep		statutory trining requirem	end, this date will not be his	ico a
record specifies a delayed of		effective time, at :	12:01 a.m. on the earli	ier c
The 90th day after the recor				
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November 4	2022			
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November 4	2022	representative of a memb	et	

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Filing Fee: \$25.00