Note: Please print thurs age and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000430824 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **A2S LOGISTICS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176383 From: 12147128131 Date: 12/23/22 Time: 0:23 AM Page: 02/04

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000430824 3)))

A2S 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 11/02/2022  Florida document number L22000471062						
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 Co	ompany." the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	——————————————————————————————————————					
Principal office address MUST BE A STREET ADDRESS)	a22 [					
	·					
Enter new mailing address, if applicable:	27 p					
Mailing address MAY BE A POST OFFICE BOX)						
<del></del>	<u> </u>					
<ol> <li>If amending the registered agent and/or registered office addressent and/or the new registered office address here:</li> </ol>	ess on our records, <u>enter the name of the new reg</u>					
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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

To: 18506176383 From: 12147128131 Date: 12/23/22 Time: 0:23 AM Page: 03/04

(((H22000430824 3)))

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>	<u>Address</u>	Type of Action
AMBR	Christian Bustamante	7901 4th St N. STE 300	
		St. Petersburg., FL, 33702	
			Change
			□Add
			□Remove
			□ Change
			ERemove
			□ Change
<del></del>		_	□Add
			CRemove
			☐ Change
			□Remove
		<del></del>	□ Change
		<del></del>	□ Add
			□Remove
			D Change

		s) here: (Attach additi		•
	<del></del> .			
	<u> </u>		<del></del>	
			<u>-</u>	
			<del></del> -	
			<del></del>	
			_	
				-
			· <u></u>	
		<del></del>	<del></del>	
	· · · · · · · · · · · · · · · · ·			
7,1177				
<del></del>				<del></del>
ective date, if other than the effective date is beted, the date mule: If the date inserted in this burnent's effective date on the E	lock does not meet the	applicable statutory filir	(option one than <sup>90</sup> days after fil g requirements, this d	al) mg ) Pursuant to 608 02 atc will not be listed :
cord specifies a delayed effectiv i filed	re date, but not an effec	ctive time, at 12 01 a.m.	on the earlier of (b)	The 90th day after th
		or authorized representative		

Filing Fee: \$25.00

Typed or printed name of signee