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COVER LETTER

TO: Registration So Division of Cor			
Eight Six L	ogistics LLC		
SUBJECT:	•		
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Axel Cabrera		
		Name of Person	·
		Firm/Company	,
	10508 Park Ridge Gotha R	• •	
		Address	
	Windermere, FL 34786		
	eightsixlogisticsllc@gmail.c	City/State and Zip Code com	
		to be used for future annual report not	ification)
	oncerning this matter, please c		
Axel Cabrera		954 2689309	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
⅓ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed:	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Address		Street Address:	estion
Registration 9 Division of C		Registration Sc Division of Co	
P.O. Box 632		The Centre of	-
Tallahassee.			e Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1.23000077456	y Company were filed on	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
The new name must be distinguishable and contain the words "I	.imited Liability Company," the designation "ELC" or the	te abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	·"	
B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, <u>enter the n</u> <u>e</u> :	ame of the new regist
Name of New Registered Agent:		1 6-1 1 6-1
New Registered Office Address:		PHIZ:
	Enter Florida street address	<u> 요</u> 의 —
	Florida	Zip 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 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	Axel Cabrera	10508 Park Ridge Gotha Rd. Windermere, FL 34786	
			□Add
			□Remove
			■ Change
AMBR	Jimmy Cabrera	10508 Park Ridge Gotha Rd, Windermere, FL 34786	□Add
			□Remove
A \$ 1111			≣ Change
AMBR	Jimmy Cabrera JR	10508 Park Ridge Gotha Rd. Windermere, FL 34786	□Add
			□Remove
			≡ Change
			EiAdd
			□Remove
			Change
			□Add
			□Remove
			□Change
· 			DAdd
			□Remove
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s filed. 03/03/		Signature of ameril	Der or authorized repr	resentative of a meml	per —	