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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Loyal brothers logistic & Services Lil. C Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Notice Beauvais Name of Person Loyal brothers logistic & Selviers L. CART Eith/Company 9511 Hudson & France Address Milamar FL 33025 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: |
| Name of Person at (954) 348 27 66 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section Registration Section |

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

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

Loyal hrothers logistic & Services L.L. (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 | y were filed on | and assigned |
|---|--|-------------------------|
| Florida document number | , | - |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lial | bility company here: | ET 1 |
| The new name must be distinguishable and contain the words "Limited Liab | oility Company," the designation "LLC" or the ab | - ¹ |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | i | 5 - 5 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the nam | e of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| ,-1914 | , Florida | |
| | City | 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 |
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| Effective date, if other than the date of file fan effective date is listed, the date must be specific Note: If the date inserted in this block does not locument's effective date on the Department of | and cannot be prior to of meet the applica | to date of filing or mo | (optio re than 90 days after t requirements, this | iling.) Pursuant (| o 605.0207 (e listed as t |
| record specifies a delayed effective date, but a d is filed. | not an effective tir | me, at 12:01 a.m. o | n the earlier of: (b) | The 90th day | after the |
| Dated 01/3/2024 | · | · | | | |
| Dated 01/3/2024 Foots Richard Signature of | Solv f a member or autho | rized representative o | t a member | | _ |
| y Signature o. | | | | | |