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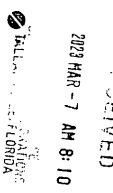
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A. RIVERS MAR - 7 2023

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 379 Country Cog 1 Stics (CC) Same of Limited Liability Company
The enclosed Articles of Amendment and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following.
Jeron Jayers Name of Person
Big country Logistas, LLC
930 NW 253rd Dr. Address
Memberry, Fl. 32669 City/State and Zip Code
Term etters etters. Con Emili address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (202) 702 - 0258  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status \$\$Certificate of Status & Certified Copy (additional copy is enclosed)  \$\$25.00 Filing Fee & S60.00 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

Dia Country Cogistics ILC

	(Name of the Limited Liability (A Florida Li	Company as it now appearance Liability Company)	irs on our records.)			
The A	rticles of Organization for this Limited Liability Com			22	and ass	igned
Florida	a document number <u>000403195350</u> .		·			
This a	mendment is submitted to amend the following:					
A. If:	amending name, enter the new name of the limited	d liability company h	ere:			
The nev	w name must be distinguishable and contain the words "Limited	I Liability Company," the	designation "LLC" or	the abbrev	iation "L.	L.C."
Enter	new principal offices address, if applicable:					
(Princ	ipal office address MUST BE A STREET ADDRES	<u> </u>				
		<del></del>				
	new mailing address, if applicable:					<del></del>
(Maili	ng address MAY BE A POST OFFICE BOX)					
				<u> </u>	2028	
				•	77	1.
	amending the registered agent and/or registered of	ffice address on our	records, <u>enter the</u>	name of	the nev	v rēģistere
agent	and/or the new registered office address here:				!	1
				•-,	<u> 20</u>	, 1 :
	Name of New Registered Agent:				დ 	
	THAT OF THE TREE STORE TO THE	***		<u> </u>	~	
I	New Registered Office Address:	<u> </u>				
		Enter Flo	rida street address			
			Florid			
		City		2	Lip 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	Jeron Jeffers	930 NW 253rd Dr. Nowber F1. 32669	ր, ≣Add
			Remove
			□Change
±14			🗆 Add
		<del></del>	□Remove
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			Change

7. 11 an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
(If an e <u>Note</u>	etive date, if other than the date of filing:
the recectord is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	Signature of a member of a member  Jecon D. Jeffers  Typed or printed name of signee
	1~0116
	Signature of a member of authorized representative of a member
	Jeron D. Jeffers