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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AT PLUS CORP Account Number : I20140000060 Phone : (305)406-3800 Fax Number : (305)406-3999

\*\*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 SMART PRODUCT LOGISTICS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMART PRODUCT LOGISTICS L			
(Name of the Limit	ed Liability Company 25 it now appears on ( (A Florida Limited Liability Company)	our records.)	<del></del> ,
The Articles of Organization for this Limited Li	ability Company were filed on 02/24/20	)23	and assigned
Florida document number L23000099391			and about 100
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designa	tion "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applica	ible:		
(Principal office address MUST BE A STREE)			
	— N		
Enter new mailing address, if applicable:	<u> </u>		
Mailing address MAY BE A POST OFFICE E	<u></u>		
		7.3h	265
		-	<del>دے</del>
3. If amending the registered agent and/or re	gistered office address on our record	ls, enter the name of t	he new register
gent and/or the new registered office address	s nere:		1 <u>2</u>
Manage CNI - Day Say - 14		-	
Name of New Registered Agent:		<u> </u>	<del>-</del>
New Registered Office Address:		<u> </u>	വ
	Enter Florida str	eet address	
		, 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 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

Title	Name	Address	Type of Action
AMBR	JULIAN LOPEZ	20818 SAN SIMON WAY APT 102	□ Add
		MIAMI, FL 33179	-
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Effective date, if other ( If an effective date is listed, th Note: If the date inserted document's effective date	date must be specific ar in this block does not	nd cannot be prior to meet the applica	to date of filing or sible statutory fili	optic nore than 90 days after ng requirements, this	filing \ Discount to ENG	5.0207 ed as
record specifies a delayed is filed.	effective date, but no	ot an effective tin	ne, at 12:01 a.m.	on the earlier of: (b)	) The 90th day afte	r the
Dated		2023				
The state of the s						
1 12	Signature of a	member or author	rized representativ	of a member		

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