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# **COVER LETTER**

Registration Section Division of Corporations

TO:

SURJECT: FC	o Logistics Name of Lim	LLC		
3000ECT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Isabel	Menen De-3		
	**************************************	Name of Person		
	FCO Logi	SHCS LLC Firm/Company		
	<del></del>	Firm/Company		
	103 Tim	berleu Circle		
	_	Address	, 100 100 100 100 100 100 100 100 100 100	
	Grunaci	y, FL 33463 City/State and Zip Code	<b>3</b>	
		City/State and Zip Code		
	Francoess	coavedra @ Val	100.00 =	
	E-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:	100.00 (0 m) inication)	
Name o	f Person	at () Area Code Daytin	nc Telephone Number	
Enclosed is a check for th	ne following amount:			
≥ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	.7	The Centre of		
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

# **COVER LETTER**

TO: → Registration Section
Division of Corporations

SUBJECT: FC	O Logistics	LLC.		
	Name of Lim	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:		
	Isabel	Menen De-y		
		Name of Person		
	FC0 / 091	CHEC LLC		
	10000	SHES LLC Firm/Company	<del></del>	
	102 -	Call		
	103 11m	berline Ciall	<del></del>	
			<b>.</b>	
	Grunair	y, FL 33463 City/State and Zip Code		
			•	
	E-mail address: (	onavedra @ Cak	$\frac{100 \cdot (0 \land)}{\text{(cation)}} \cdot \frac{1}{5}$	
For fruth an information of	oncerning this matter, please c	•		
rot turner information c	oncerning this matter, please c	an.		
		at ()		
Name c	of Person	Area Code Daytime	r Telephone Number	
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee  S25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60,00 Filing Fee.	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(additional copy is enclosed)	
Maritime Address		Street Address:		
Mailing Addres Registration		Registration Sec	ction	
Division of Corporations		Division of Corporations		
P.O. Box 632		The Centre of T		
Tallahassee,	PL 52514	Tallahassee, FL	e Street, Suite 810 32303	

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Fco Lo	Systics	LLC .  v as it now appears on ability Company)		
( <u>Name of the Limite</u> (.	d Liability Compan A Florida Limited La	v as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number \(\sum_2300012\)	ability Company w	vere filed on 03	-09-202	3 and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of the	the limited liabili	ity company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liability	y Company," the design	nation "LLC" or the at	obreviation "L.1C."
Enter new principal offices address, if applica	blė:			22
(Principal office address MUST BE A STREET	ADDRESS)		: 	
				9
Enter new mailing address, if applicable:				·
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office ad <u>here</u> :	dress on our recor	ds, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	Isa	bel Me	nenvez	
New Registered Office Address:	103 T	in berlein Enter Florida si	e Circle treet address	, <u>.</u>
	Green	bel Me inberlain  Enter Florida si  acres  City	, Florida	33463 Zip Code
New Registered Agent's Signature, if changing Re	gistered 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 adde-or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
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				□Change
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vicinitii () c	rective date on the Depar	timent of State's record	15.			
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Filing Fee: \$25.00