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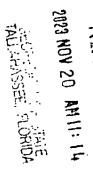
(Requestor's Name)
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(Document Number)
Certified Copies Certificates of Status
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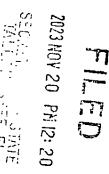
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A. BUTLER

0:0V 4 : 2023

A. BUTLER



COVER LETTER

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ee. tatus & enclosed)

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

N&M LOGISTIC INTERNATIONAL	LLC	2023 NOV 0-
(Name of the Limited Liabil	lity Company as it now appears on la Limited Liability Company)	2023 NOV 20 PM 12: 20
(A Flood	a company)	SEC.
The Articles of Organization for this Limited Liability (Company were filed on <u>04/03</u> /	SEC /2023 7/11 and assigned
Florida document number 1.23000165727	·	- 1 1
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:	 	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	ed office address on our recor	ds, enter the name of the new register
ngent and/or the new registered office address here:	, a office hazi ess on our recor	as the name of the new register
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida s	treet 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 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	<u>Name</u>	Address	Type of Action
AMBR	DIAZ, MARYILEY	1935 PARTIN TERRACE RD	
		KISSIMMEE, FL 34744	□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
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			□ Change

		
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ffective date, if other than the datan effective date is listed, the date must be	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	605 D201
core: If the date inserted in this block	c does not meet the applicable statutory filing requirements, this date will not be artinent of State's records.	listed as
ocument s effective date of the Depa	attach of State 8 records.	
record specifies a delayed effective d	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	. A A
l is filed.	acceptation and effective time, at 12.01 a.m. on the eather of, (b) 1 me your day a	nter the
ated	2023	
	Miguel Monez- gnature of a member or authorized representative of a member	
Sig	mature of a member or authorized representative of a member	
	MIGUEL NUNEZ	
	Typed or printed name of signee	

Filing Fee: \$25.00