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COVER LETTER

Registration Section Division of Corporations

TO:

	SPEAR LOGISTICS, LLC				
SUBJECT:	Name of Lin	nited Liability Company	 		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.			
Please return all correspo	ondence concerning this matter	to the following:			
	Michael Robert Cetrulo				
		Name of Person			
	GLOBAL SPEAR LOGIS	TICS LLC			
	<u> </u>	Firm/Company			
	215 N New River DR E A	PT 1180	, <u>~</u>		
		Address			
	FT LAUDERDALE, FL 33301				
		City/State and Zip Code			
	Mcetrulo31@gmail.com				
	E-mail address: (to be used for future annual report not	tification)		
For further information c	oncerning this matter, please o	all:			
Michael Cetrulo		732 598-1922 at ()			
Name o	f Person		ne Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		
Mailing Address Registration S	Section	Street Address: Registration Se			
Division of Corporations P.O. Box 6327		Division of Co The Centre of			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL SPEAR LOGISTICS, LLC

(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 were filed on April 2023 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Michael Robert Cetrulo Name of New Registered Agent: 215 N New River Dr E APT 1180 New Registered Office Address: Enter Florida street address FT Lauderdale , Florida <u>33301</u>

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Michael R Cetrulo	215 N New River Dr E APT 1180 Ft Lauderdale	FL 33 ■Add
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Signature of a member or authorized representative of a member		
NATHANIEL A OZDENIK Typed or printed name of signee	Signature of a member or authorized	

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Filing Fee: \$25.00