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COVER LETTER

TO:

TO: Registration Se Division of Cor			
		AMO, LLC.	
SUBJECT:	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:	
	JOR	GE A GARCIA MENDOZA	
		Name of Person	
		Firm/Company	
		5288 NW 193 LN	
		Address	
		MIAMI GARDENS , FLORIDA 33055	;
		City/State and Zip Code	15.
		pina@tradelogisticsconsulting.com to be used for future annual report notification	on)
For further information c	oncerning this matter, please c	all:	
JULIA M	OSPINA	786 376-1383	
Name o	f Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration Section	n
Division of C	Corporations	Division of Corpora	ations
P.O. Box 632		The Centre of Talla 2415 N. Monroe St	
Tallahassee,	rt. 54314	2413 IN. MORFOC ST	reet, sunc otti

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VAYAMO, LLC.		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears da Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability of lorida document number L23000181822	Company were filed on	04/12/2023	and assigned
This amendment is submitted to amend the following:	·		
. If amending name, enter the new name of the lin	nited liability company her	<u>'e</u> :	
AYAMO LOGISTICS, LLC.			
he new name must be distinguishable and contain the words "Lit	mited Liability Company," the de	signation "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applicable:	5288 NW 193 LY	i i	26
Principal office address MUST BE A STREET ADD	RESS) MIAMI GARDE	NS. FLORIDA 33055	- 3
		-: 	
		·	· N
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		_	<u></u>
			ر. 93
. If amending the registered agent and/or registerogent and/or the new registered office address here:	:	cords, <u>enter the name</u>	of the new reg
Name of New Registered Agent: JORG	GE A GARCIA MENDOZA		
New Registered Office Address:	ps est o		
	Enter Flori	da street address	
	216	, Florida	-7. 7. 7
	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		
michic manager	i .	
AMBR = Authoriz	ed Member	

<u>Title</u>	Name	Address	Type of Action
			□Add
			☐ Change
			□Remove
			☐ Change
			□Add
			□ Add 10 10 10 10 10 10 10 10 10 10 10 10 10 1
			Change
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01/11/2022	
ective date, if other than the date of filing: 104/14/2023 10 effective date is listed, the date must be specific and cannot be prior to date of filing or more than	(optional)
te: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	rements, this date will not be listed
ament's effective date on the Oepartment of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the is filed.	earlier of: (b) The 90th day after t
, APRIL 24, 2023	
ted	
Signature of a member or juthorized representative of a me	ember

Filing Fee: \$25.00