## L23000 82982

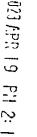
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## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT: AN P	Prologistics LLC		
SUBJECT,	Name of Li	mited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are su	ibmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
	Pariel	a Monsereat Name of Person	
		ndayistics UL Firm/Company	
		Firm/Company	
	6970		202
		Address	ं क्ये • <del>क्वे</del> न्त्र
	Miami, FL.	33155 City/State and Zip Code	923 AFR 19
	NOFO (c) C E-mail address	1 prologistics IIC, com  (to be used for future annual report notification	PH 2: 12
For further information c	oncerning this matter, please	call:	- 12 Fg - 12
Daniela Mo	nservat	at (954) 2432151 Area Code Daytime Telep	]
Name o	f Person	Area Code Daytime Telep	hone 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 Addres		Street Address:	
Registration S Division of C		Registration Section Division of Corporat	ions
P.O. Box 632		The Centre of Tallah	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M Prologistics LC	<b>.</b>			
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L25</u> 000182982	ompany were filed on OHL	12/2023	and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the design	ation "LLC" or the abbrevi	iation "L.	L.C."
Enter new principal offices address, if applicable:	<del></del>	·· ··		
(Principal office address MUST BE A STREET ADDRI	ESS)	·	23	
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P-4			9	, ,
Enter new mailing address, if applicable:			PH	11
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	· · · · · · · · · · · · · · · · · · ·	2	
	<del></del>	<u> </u>	<del></del>	
		rή	2	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	ds, <u>enter the name of</u>	the nev	w registere
Name of New Registered Agent:	·			
New Registered Office Address:				
-	Enter Florida street address			
		, Florida		
	City	Z	lip Code	<del>_</del>

## 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	Erih Monserrat	6970 Bird Road, apt 306. Higmi, Fl. 331	<u>⊠</u> Add
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ffective date, if other than the date of filing:(opti	ional)		
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the lote: If the date inserted in this block does not meet the applicable statutory filing requirements, the	r filing.) P	ursuant to 6	05.0207
ocument's effective date on the Department of State's records.	5 date w	n not be t	13000 05
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