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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PEDRO LUZQUINOS Account Number : I20170000042 : (954)655-8413 Phone : (954)432-8807 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:



### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MDJ LOGISTICS LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
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S. ROBERTS

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### 1 >> 850-617-6381 H2J0002>> 0> 07 COVER LETTER

| Division of Cor                       |  |  |  |
|---------------------------------------|--|--|--|
|                                       | ISTICS 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            | ondence concerning this matter                 | to the following:  |  |
|                                       | DE JESUS, MIGUEL A                             |  |  |
|                                       |  | Name of Person   |  |
|                                       |  | Finn/Company   |  |
|                                       | 8691 NW 28TH ST                                |  |  |
|                                       |  | Address  |  |
|                                       | SUNRISE, FL 33322                              |  |  |
|                                       | E  | City/State and Zip Code  |  |
|                                       | mdjtransportationslle@gma<br>E-mail address: ( | to be used for future annual report                              | notification)  |
| For further information of            | concerning this matter, please c               | all:   |  |
| PEDRO LUZQUINOS                       |  | 954 655-841.   | 3  |
| Name ()                               | of Person                                      | Area Code Day  | viimo Telephone Number   |
| Enclosed is a check for the           | he following amount:                           |  |  |
| ■ \$25 00 Filing Fee                  | S30.00 Filing Fee & Certificate of Status      | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Malling Addree</u><br>Registration |  | Street Address<br>Registration                                   |  |
| Neglandron (                          |  |  | Corporations   |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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# H27001>2-3850-617-6381

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

| MDJ LOGISTICS LLC   |  |   |                               |
|---|--|---|-------------------------------|
| (Name of the Lim  | ted Liability Compa<br>(A Florida Limited) | inv as it now appears on our record<br>Liability Company) | <u>s.</u> )                   |
| The Articles of Organization for this Limited I Florida document number L23000283412    | iability Company                           | were filed on 06/12/2023                                  | and assigned                  |
| This amendment is submitted to amend the fol  | lowing:                                    |   |                               |
| A. If amending name, enter the new name of  | of the limited liab                        | ility company here:                                       |                               |
| The new name must be distinguishable and contain the                                    | words "Limited Liabi                       | lity Company," the designation "LLC                       | or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:                                     |  | 8691 NW 28TH ST   |                               |
| (Principal office address MUST BE A STRE  |  | SUNRISE, FL 33322   | 207                           |
|   |  |   | ري ا                          |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)    |  | 8691 NW 28TH ST   | i<br>Ci                       |
|   |  | SUNRIȘE, FL 33322   | :                             |
|   |  |   | .0                            |
|   |  |   | , i                           |
| B. If amending the registered agent and/or agent and/or the new registered office addre |  | address on our records, <u>enter</u>                      | the name of the new registere |
| Name of New Registered Agent:   | DE JESUS, M                                | GUEL A  |                               |
| New Registered Office Address:  | 8691 NW 28TI                               | H ST  |                               |
| TOTAL HOLISHING WINES LIGHTON.  |  | Enter Florida street address                              | ۵                             |
|   | SUNRISE                                    | , Flo   | orida <u>33322</u>            |
|   |  | Chy   | Zlp 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

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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> | Name               | Address           | Type of Action |
|--------------|--------------------|-------------------|----------------|
| AMBR         | DE JESUS, MIGUEL A | 8691 NW 28TH ST   |                |
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