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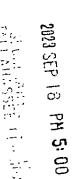
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corpo		\$	•	•
SUBJE	ст: <u>USA</u>	Safeship E	Lite Dispat	ch LLC	
The end	closed Articles of Ar	nendment and fee(s) are s	ubmitted for filing.		
Please	eturn all correspond	ence concerning this matt	er to the following:		
		Liliana A	1905 to Name of Person		
		USA Safe	Ship Elite	. Dispato	chllc
		10154 Park	(Way Blvo		<u>.</u>
		Land O L	OKES FL 3	54639 de	
		Agostolili E-mail address	anata@9	mail. Com	
For furt	her information con	cerning this matter, please			
Li	liana Ac Name of P	JOSTO erson	at (917) Area Code	312 - 210 Daytime Telepho	one Number
Enclose	ed is a check for the	following amount:			
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing For Certified Copy (additional copy is		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USA Safeshi	DEILE d Liability Compa A Florida Limited	DISPATO any as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liz Florida document number <u>L23000.3</u>		were filed on	18/07/20	123 and as	ssigned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of TLOGISTICS CONNECT The new name must be distinguishable and contain the wo	LLC			e abbreviation "l	L.L.C."
Enter new principal offices address, if applica	ıble:			- F.	202
(Principal office address MUST BE A STREE)	(ADDRESS)			<u> </u>	118
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>30X)</u>			25 Tr. 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	13 PM
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our rec	cords, <u>enter the n</u>	ame of the ne	ew registered
Name of New Registered Agent: New Registered Office Address:	_Lilia _6154	na Agost Parkway 1 Enter Florid	D 3 V d da street address		
	Land ()'Lakes_	, Florida	3463 Zip Code	9

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 renioved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□ Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603.0: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. DatedO9 15 2 0 2 3							_
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Liliana Agosto							