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| Special Instructions to Filing Officer: | | | | | | |
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| | ration Section on of Corporations | | | • | ı | |
|-------------------|-----------------------------------------|-------------------------------------|---------------|------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------|
| SUBJECT: | LC | CH BUS Name o | SIN Himite | LESS 6 ROUF ed Liability Company |) LLC | <u></u> |
| The enclosed A | ticles of Amendmer | it and fee(s) are | e subin | itted for filing. | | |
| Please return all | correspondence con | cerning this m | atter to | the following: | | |
| | | Luis A | <u>Aw</u> | ando China Name of Person | jote | |
| | • | Penth | a L | Ogistics LLC | | |
| | | 2200 N | <u>(01</u> | mmerce Pr | WY | |
| | | | - | Weston FL City/State and Zip Code | 33324 | , 2 |
| | *************************************** | F-mail addr | V-81 (10 | be used for future annua | al report notification | (1) |
| For further info | rmation concerning t | his matter, ple | ase cal | l: | | |
| Luis Cl | nngate/10 | <u>li Villar</u> | (ea | at (<u>305</u>) Area Code | 924 80 Daytime Telep | 54 Shone Number |
| Enclosed is a ch | eck for the following | д апгонит: | | | | |
| \$25.00 Filii | | 00 Filing Fee & tiffcate of Stan | | C \$55,00 Filing Fee Certified Copy (additional copy is er | | S60.00 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

| LCH BUSSINESS | | | |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--|--|
| (Name of the Limited Liability Compan (A Florida Limited Li | is as it now appears on our records.) lability Company) | | |
| The Articles of Organization for this Limited Liability Company v Florida document number <u>L24000018474</u> | were filed on $01/16/2024$ and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | | | |
| The new name must be distinguishable and contain the words *Limited Liabilit | ty Company," the designation "LLC" or the abbreviation "LLC." | | |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRESS) | | | |
| | <u> </u> | | |
| | • • | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE BOX) | | | |
| | ယ | | |
| B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: | ddress on our records, <u>enter the name of the new register</u> | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| - | Enter Florida street address | | |
| | Florida | | |
| | City Zip Code | | |

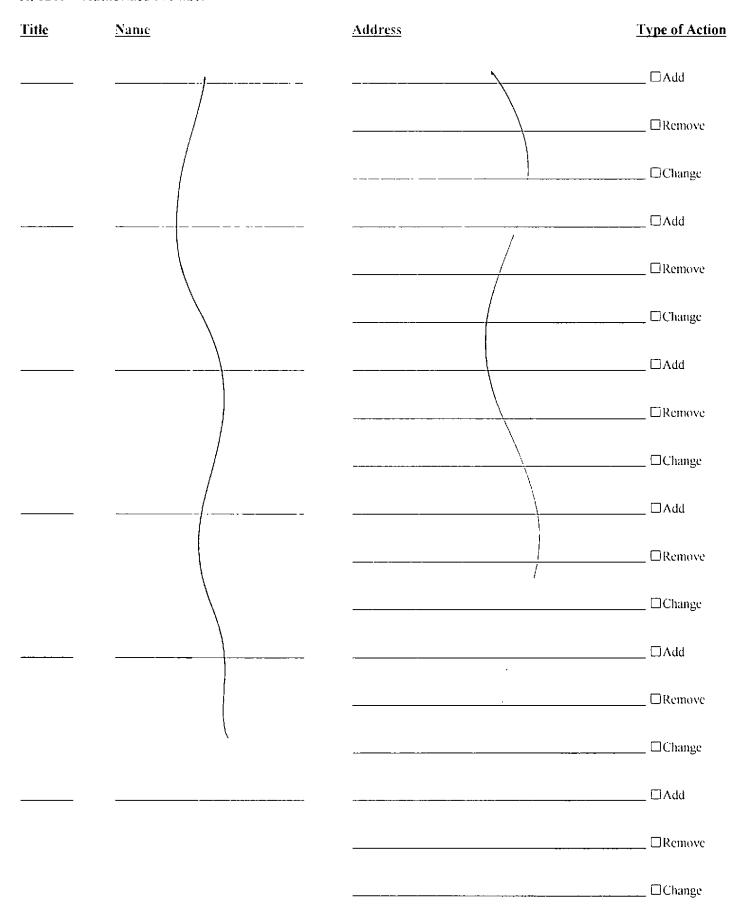
New Registered Agent's Signature, if changing Registered Agent:

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 stanues relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as regulared agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a charge 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



| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Update address for |
| MGRM - AMBR. |
| Chingate Murillo Luis Armando |
| New Address |
| 4022 Parkside Dr |
| Jupiter Fl 33458 |
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| E. Effective date, if other than the date of filing: 07/25/204 (optional) (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 605.0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| If 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 record is filed. |
| Dated |
| Jus A Ching de Mavillo. |