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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: AMF_7_LOGISTICS_LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANJANI WILLIAMS Name of Person
AMET LOGISTICS LLC Firm/Company
1537 PARK LEAH CIR
APOPKA FL 32712 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ADJANT WZUZAMS at 954, 248 9712  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  D\$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  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

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	<u></u>
The Articles of Organization for this Limited Liability Company w Florida document number <u>LZ4DOOO3447L6</u> .	vere filed on 01/17/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable:		<u>-</u>
(Mailing address MAY BE A POST OFFICE BOX)	NIA_	
		1
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	M/N	
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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am j ovided for in Chapter 605, F.S. Or,	familiar with and if this document is

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>	Name	Address	Type of Action
MGR	ADJANZ WILLIAMS	1537 PARK LEAH CI	₹_ t⊋Add
		APOPKA, Fl 32717	□Remove
			□ Change
			□Add
			🗆 Remove
			Change
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			□Change
<del></del>	<del></del> _		□Add
			□Remove
			□ 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 695 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 effective date on the Department of State's records.  The 90th day after ord is filed.  Dated January 25 <sup>th</sup> , 2024.  A. While and the ember of a member of a member of a member.				
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11·00.		. 2024.	JANUARY 25th	Dated JA
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Signature of a member or authorized representative of a member		mature of a member or authorized representative of a member	Sign	_