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(Requestor's Name)	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
SUBJECT:	Name of Lim	1/S+i(S & ConShl ited Liability Company	ting Solutions LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Berdiino	Dubreus Name of Person	
		Firm/Company	
	2746 Mission	Run (+	
		Address	
	Tallahassee	FL 32303 City/State and Zip Code D 9 Mail · Com to be used for future annual report noti	
		City/State and Zip Code	
	bedubreus	agmail.com	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please co	all:	
Re-liber	Dial -0105	674 -	7408
Name o	of Person	at (<u>707</u>) <u>624</u> - Area Code Daytim	e Telephone Number
Enclosed is a check for t	-		· · .
区 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration : Division of C	Section	Street Address: Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dubreus Logistics & Consulting Solutions LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	ıny were filed on <u>†</u>	COCHACY OL, COC and assign	ned
Florida document number L24000061075			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	e <u>re</u> :	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the d	designation "LLC" or the abbreviation "L.L.C	(S. 189 (C. 188)
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	·		
D. If amonding the registered event and/on registered off			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our r	ecords, enter the name of the new r	egisterea
			<u> </u>
Name of New Registered Agent:			
New Registered Office Address:			
The Wittegrater of Meet Prainings.	Enter Florida street address		
		, Florida	
	City	, Florida Zip Code	 +
New Registered Agent's Signature, if changing Registered Ager	nt:		
I bounder on a set also many interest on a section and a second on the		annuite I Coulbon annuit	

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Javonya Peterson	2746 mission Run C+ Fallahassec FL 827	<u>دی</u> □Add
			Remove
			□Change
AMBR	Berlilno Dubreus	7746 mission Run C+ Tallamassec SL 3230	<u>3</u> □Add
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Effactis	re date, if other than the date of filing: January 29, 2024 (optional)	
H'an effe	ctive 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 605.020	07
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ant's effective date on the Department of State's records.	as
	The content of the beginning of the breather.	
	specifies a delayed affective data, but not an affective time at 12:01 cm, on the preliment. (b). The 90th day offer the	
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Filing Fee: \$25.00