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COVER LETTER

TO:

Registration Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: The Hustle Team Name of Li	n Logistics LLC	
Name of Li	imited Liability Company	
The enclosed Articles of Amendment and fee(s) are su	ubmitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
	Name of Person	
M. Sau	Firm/Company	
	land Meadows Ct	
<u>Davenport</u>	City/State and Zip Code Cam. 1/c. 16@ gmail. com (to be used for future annual report notification)	<u></u>
-thehustlete. E-mail address:	am. 1/c. 16@ gmail. com	
For further information concerning this matter, please		
Nathaniel Scarez Name of Person	at (<u>35Z</u>) <u>819 - 2117</u> Area Code Daytime Telepho	ne Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section	5 2824 A

Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The HUSTIE leam Logistics, 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 Company were filed on <u>August 8, 2024</u> and assigned Florida document number <u>L 2400</u> 0280491
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registe agent and/or the new registered office address here:
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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Graceshaly Collazo	260 Highland Meadows Ct	_ ¼Add
		260 Highland Meadows Ct Davenport FL 33837	_ □Remove
			_ Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
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