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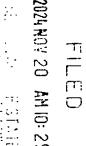
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COVER LETTER

SUBJECT: 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: LUIS E GUERRA Name of Person LOGITRANS SOLUTIONS LLC Firm/Company 413 BENNINGTON LANE B Address LAKE WORTH, FL 33467 City/State and Zip Code LOGITRANSSOLUTIONS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LUIS E. GUERRA Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: LUS25.00 Filing Fee Certificate of Status Certificate Copy Certificate of Status
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Name of Person LOGITRANS SOLUTIONS LLC Firm/Company 413 BENNINGTON LANE B Address LAKE WORTH. FL 33467 City/State and Zip Code LOGITRANSSOLUTIONS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LUIS E. GUERRA 3561 Area Code Daytime Telephone Number Enclosed is a check for the following amount: [D \$25.00 Filing Fee
LOGITRANS SOLUTIONS LLC Firm/Company 413 BENNINGTON LANE B Address LAKE WORTH. FL 33467 City/State and Zip Code LOGITRANSSOLUTIONS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LUIS E. GUERRA 561 Area Code Daytime Telephone Number Enclosed is a check for the following amount: [DS25.00 Filing Fee
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Address LAKE WORTH, FL 33467 City/State and Zip Code LOGITRANSSOLUTIONS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LUIS E. GUERRA Solution Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: D\$25.00 Filing Fee \$60.00 Filing Fee,
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Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee.
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.
(additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	О	F	2024 KOV 20 AM 10: 29	
LOGITRANS SOLUTIONS LLC			WILL SO AM	
(Name of the Limi	ited Liability Compa (A Florida Limited I	ny as it now appea	urs on our records.)	
The Articles of Organization for this Limited Laborida document number L24000419648			$+*\mathcal{H}iii$	
his amendment is submitted to amend the foll	lowing:			
. If amending name, enter the new name o	of the limited liab	ility company h	ere:	
he new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the	designation "L.L.C" or the abbreviation "L.L.C."	
nter new principal offices address if applic	cahla:			
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		413 BENNING	GTON LANE B	
		LAKE WORTH, FL 33467		
nter new mailing address, if applicable:		413 BENNINGTON LANE B		
Mailing address MAY BE A POST OFFICE BOX)		LAKE WORTH, FL 33467		
naming address MAT BE A TOST OFFICE	<u>BUAJ</u>			
		-		
. If amending the registered agent and/or i	registered office a	ıddress on our ı	records, enter the name of the new registe	
gent and/or the new registered office addre	ss here:			
Name of New Registered Agent:	I.UIS E. GUERRA			
New Registered Office Address:	413 BENNING	TON LANE B		
The registered office ridgress.		Enter Flo	orida street address	
	LAKE WORTE	ł	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 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>	<u>Address</u>	Type of Action
MGR	CORREA TRAPIELLO RICARDO	4945 MARK DABLING BLV LOT#136 COLORAI	OC □Add
			≡ Remove
			□Change
MGR	LONDONO ADOLFO L	449 THE FENWAY RIVER EDGE, NJ 07661-1841	= Add
			□Remove
			□Change
			□Add
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	<u>. </u>		□Add
			□Remove
			□Change
		 -	□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ________ (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)(b) 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 Woviembre Signature of a member or authorized representative of a member LUIS E. GUERRA Typed or printed name of signee

1 . . .