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(Requestor's Name)
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(Business Entity Name)
(,
(Document Number)
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COVER LETTER

TO: Registration S Division of Co		• .			
	ls Logistics LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Brandon D Anderson				
		Name of Person			
	Great Hauls Logistics LLC	Dba, TAG 1 Logistics			
	·	Firm/Company			
	390 N Orange Ave Suite 2	300			
	······································	Address			
	Orlando, FL 32801				
		City/State and Zip Code	 -		
	brandon.a@tagHogistics.co				
	E-mail address: (to be used for future annual report noti	fication)		
For further information	concerning this matter, please c	all:			
Brandon D Anderson		813- 527-7963			
Name	of Person	Area Code Daytim	e Telephone 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 Addra Registration	Section	Street Address: Registration Se			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee.			e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Great Hauls 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 01/07/2020 and assigned Florida document number ______1_20000013336 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 "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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	Roger Williams	14809 Diamond View Place	= Add
		Wimauma, FL 33598	□Remove
			Change
			□Add
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ective date, if other than the da	03/27/2	2020		(optional)	
ective date, if other than the date effective date is listed, the date must be e: If the date inserted in this block	specific and cannot be	prior to date of filing	g or more than 90 da	ys after filing.) Pursua	ant to 605,020
ument's effective date on the Depa			ming requiremen	ns, ms date win ne	n ne nsteu a
cord specifies a delayed effective de	ite, but not an effecti	ive time, at 12:01	a.m. on the earlie	r of: (b) The 90th	day after the
s filed.					
the 27th of March	2020				
ed	7 1				
	Trund-	-#==	>_		
	Sature of a member or	authorized represer	tative of a member		

Filing Fee: \$25.00