## L21000528344

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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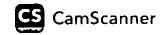
22 APR 15 PN 3: 17

T. MATTHEWS MAY 10 2022

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	EXCELSIOR TRUC	CKING LOGISTICS, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Corpor	ate Maintenance Le	ad
		Name of Person	
	Proc	essing Department	
		Fim/Company	
	1	450 Vassar St	
		Address	
		Reno, NV 89502	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Process	ing Department	nt (800 ) 638-2320	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
☑ \$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)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building	on Prations
Tallahassee, FL 32314		2661 Executive C	enter Circle

Tallahassee, FL 32301



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 APR 15 PH 3: 17

	TRUCKING LOGISTICS, LLC
(Name of the Limited Liabii (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (	Company were filed on 12/15/21 and assigned
Florida document number L21000528344	
	<del></del> '
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	·-
B. If amending the registered agent and/or registered agent and/or the new registered office add	istered office address on our records, enter the name of the new dress 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 Registere	ed Agent:
provisions of all statutes relative to the proper and c accept the obligations of my position as registered a	t and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is sed office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 Jacky Alexand	Jacky Alexandre	14320 Sw 17Th.Pl	
		Ocala, FL 34481	☑ Remove
			Change
			Remove
			☐ Change
			bbA 🖳
			☐ Remove
			Change
			Add
			Change
			Add
			□ Remove
			☐ Change
			DAdd
			Remove
			☐ Change

ii amei	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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-	<u> </u>
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•	
Note:	ive date, if other than the date of filing:  N/A  (optional)  fective 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the near 's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member
	Davenel Labissiere

Page 3 of 3

Filing Fee: \$25.00