

122000069267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

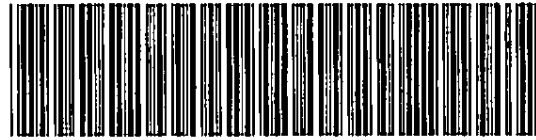
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
HALL CHARLESTON, W.V.

Amend/Name Change

MAR 15 2022

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 8122 Logistics LLC^f
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:

Shavonne Miller
Name of Person
8122 Logistics LLC
Firm/Company
5004 East Fowler Avenue Unit C
Address
Tampa, FL 33617
City/State and Zip Code
millershavonne@yahoo.com
E-mail address: (to be used for future annual report notification)

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CORPORATION DIVISION
TALLAHASSEE, FL

For further information concerning this matter, please call:

Shavonne Miller at (813) 369-3776
Name of Person Area Code Daytime 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2022 FEB 25 PM 2:12
SECRETARY OF STATE
FILED

3122 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 02/10/2022 and assigned
Florida document number L22000069267.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

8122 Logistics LLC

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

Shavonne Miller

New Registered Office Address:

5004 East Avenue Unit C

Enter Florida street address

Tampa

City

Florida

33617

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Shavonne Miller	5004 East Fowler Avenue Tampa FL 33617 Unit C	<input checked="" type="checkbox"/> Add
		6952 Temple Palms Avenue Apt 203 Tampa FL 33617	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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