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## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Divi	sion of Cor	porations		
CHD FECT.	Phenomena	I Logistics LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	Articles of	Amendment and fee(s) are sub	raitted for filing	
Please return	all correspo	ndence concerning this matter	to the following:	
		Shavonne Miller		
			Name of Person	
		Phenomenal Logistics LLC		
		<del></del>	Firn/Company	
		2655 Ulmerton Road #218		,
		<del>. ,</del>	Address	-
		Clearwater Florida 33762		
			City/State and Zip Code	
		vmiller3281@gmail.com	to be used for future annual report noti	fication)
For further in	formation c	oncerning this matter, please ca	·	
Shavonne Mi	ller		813 369-3776 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	iling 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)
	ling Addres		Street Address: Registration Sec	ction
Divi	ision of C	orporations	Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8122 Logistics LLC				
(Name of the Limited L. (A.F.	ability Compa lorida Limited l	ny as it now appears on Liability Company)	our records.)	
he Articles of Organization for this Limited Liabili	ity Company	were filed on $\frac{02/10/2}{}$	022	and assigned
orida document number L22000069267				
nis amendment is submitted to amend the following	g:			
If amending name, enter the new name of the	limited liab	ility company here:		
nenomenal Logistics LLC				
ne new name must be distinguishable and contain the words	"Limited Liabil	lity Company," the design	ation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable	:	2655 Ulmerton Road	1#218	
Principal office address MUST BE A STREET A	DDRESS)	Clearwater, Fl 33762	2	
		<del> </del>		, 
nter new mailing address, if applicable:		2655 Ulmerton Road	1#218	
Aailing address MAY BE A POST OFFICE BOX	Q	Clearwater, FL 3376	2	
. If amending the registered agent and/or regist cent and/or the new registered office address he		address on our recor	ds, <u>enter the na</u>	me of the new regist
Name of New Registered Agent: Si	Shavonne Miller			
New Registered Office Address: 26	555 Ulmerton	Road #218		
		Enter Florida si	treet address	
<u>C</u>	learwater		, Florida _	3762
		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>	Name	Address	Type of Action
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		<del></del>	Remove
			Change
			□Add
			Remove
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Effective date, if other than the fan effective date is listed, the date in Note:  If the date inserted in this document's effective date on the	ust be specific block does n	and cannot bot meet the	applicable				.) Pursuant to 60	
e record specifies a delayed effected is filed.	ive date, but	not an effec	ctive time,	at 12:01 a.m.	on the earlie	rof:(b) Th	ac 90th day aft	er the
01/26		2023						
Dated			<del></del> '					
Dated 01723	1/	_ <b>,</b>	·					
Dated (1723)	Signature o	f a member o	or authorized	l representativ	e of a member			