## L23000092912

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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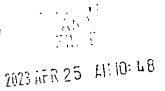
## **COVER LETTER**

TO:

TO: Registration Se Division of Co					
COLUMN TWO COURS	ansport & Logistics LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Britni Hutchinson				
		Name of Person			
	Bailey's Transport & Logis	stics LLC			
	<del></del>	Firm/Company			
	8320 N Sherman Cir 201				
	<del></del> -	Address	<del></del>		
	Miramar FL, 33025				
		City/State and Zip Code			
	Thebaileys0304@gmail.com	n to be used for future annual re			
For further information c	concerning this matter, please c		epont nonneauon)		
Britni Hutchinson		954 860-	4022		
Name o	f Person	Area Code	Daytime Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &		
Mailing Address		<u>Street Ado</u> Registrat			
Registration Section Division of Corporations		_	Registration Section Division of Corporations		
P.O. Box 632			tre of Tallahassee		
Tallahassee.	r レ 343 14	2410 N.	Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Baileys Transport & 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 C Florida document number <u>L23000092912</u>	Company were filed on 02/21/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "L	I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	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 address here:	d office address on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	lress
<u></u>		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>	Address	Type of Action
AMBR	Kyzen Bailey		□Add
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effective date, if other than the effective date is listed, the date must lift the date inserted in this burnent's effective date on the U	lock does not me	et the applical	o date of filing or ble statutory fil	( more than 90 days ing requirement	optional) safter filing.) Pur s, this date will	suant to 605.02 not be listed
ord specifies a delayed effectiv filed.	re date, but not a	n effective tin	ne, at 12:01 a.m	. on the earlier o	of: (b) The 901	h day after th
d April 25		2023				
		Kon	4.1			

Filing Fee: \$25.00