## L23000137161

(R	equestor's Name)	
(A	dcress)	
(A	dcress)	
(C	ity/State/Zip/Phone #	1
PICK-UP	WAIT	MAIL MAIL
(8	usiness Entity Name)	
(D	ocument Number)	<del> </del>
: Copies	Certificates	of Status
I instructions to Fil	ing Officer:	
<b></b>		

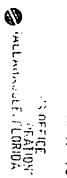
Office Use Only



300405300623

04/13/23--01002--020 \*\*60.00

4/13/23 VILL



2023 APR 13 AH 11: 4:

SECRETARY OF STATE

2023 APR 13 PM 12: 07

FILED

## **COVER LETTER**

TO:

Registration Section

Division of Con	rporations		
	STICS LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The colour described as	· A d-s d-s/-)	united for Glina	
	Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	to the following:	
	David Zazian		
		Name of Person	
	AIZ LOGISTICS LLC		
		Firm/Company	
	9990 Coconut RD STE 30	7	
	<del></del>	Address	<del></del>
	Bonita Springs FL 34135		
	<del> </del>	City/State and Zip Code	
	aizlogisticsllc@gmail.com		
	E-mail address: (	to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
David Zazian		239 544-7755 at ()	
Name o	of Person	Area Code Daytime	e 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations Tallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIZ LOGISTICS LLC			
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	iy as it now appears on our records.) iability Company)	<del></del>	
The Articles of Organization for this Limited Liability Company were filed on 03/17/2023		and assigned	
Florida document number L23000137761			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
I I I I I I I I I I I I I I I I I I I			
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation	L.L.C."	
Enter now mineral offices address if applicables		n23	
Enter new principal offices address, if applicable:		₹ <del>7</del>	
(Principal office address MUST BE A STREET ADDRESS)		$\frac{2}{3}$	
	ASSI A		
	M M M M M M M M M M M M M M M M M M M	ED E	
Enter new mailing address, if applicable:	72	0	
(Mailing address MAY BE A POST OFFICE BOX)			
		• •	
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our records, enter the name of the	new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Armer 1 for tall dir cut wall bud		

## 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.

City

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
AMBR	David Zazian	9990 COCONUT RD STE 307	<b>≘</b> Add
		BONITA SPRINGS FL 34135	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<del> </del>	Change
			□Add
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
		<del> </del>	□Remove
			☐ Change
		<del> </del>	□Add
			□ Remove
			□ Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
-	
_	
-	
-	
-	
_	
_	
-	
_	
-	
_	
_	
(If an effe	ve date, if other than the date of filing:
the record ford is file	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	04/10/2023
	1
	Signature of a member or authorized representative of a member
	David Zazian
	Typed or printed name of signee

., . . . . .

Filing Fee: \$25.00