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COVER LETTER

ΓO: Registration Section Division of Corporations	
SUBJECT: FWAY LOGISTICS LLC 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:	
Name of Person	
EWAY LOGISTICS LLC Firm/Company	
7901 4th ST STE 300	
57 PETERSIBURG F1 33702 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at 305, 768-9739 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status	
Mailing Address: Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

FILED

Ewan Loaist	105 11 C	2023 AUG 14	PM 12 07
(Name of the Limited Liabili (A Florid	ity Company as it now appears a Limited Liability Company)	s on our records.)	 DESTATE
The Articles of Organization for this Limited Liability C	Company were filed on <u>b</u>	/16/2023	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company he	<u>re</u> :	
The Articles of Organization for this Limited Liability Company were filed on 6/6/2023 and assigned Florida document number 23000291335. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EWAY MANGEMENT The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." 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 Agent: New Registered Office Address: Emer Florida street address Emer Florida street address Florida Lip Code			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the de	esignation "LLC" or the abbr	eviation "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)			
		ecords, enter the name	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
	City	, Florida	Zin Coda
	Cuy		Δφ 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>	Name	Address	Type of Action
MGR	KETTH WALLACE	7901 44 5T STE 300	_ ØAdd
		ST. Petersberg, Fl 33702	🗆 Rcmove
			🗆 Change
			□Add
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s file	
ted_	Hugust 8, 2023. New Marine of a member or authorized representative of a member Marine Marine
	Signature of a member or authorized representative of a member
	3. 3. 3. 3. 3. 3. 3. 3.