L1000023390

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06/07/22

NAME: SAFETY FIRST LOGISTICS, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE attadge

COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: SofeTy FIRST 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:	
Danne Sexton Name of Person	
SAFETY FIRST LOGISTICS, LLC	
13135 RiverGate TRLE	
Dackson Lille, FL 32223 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 (904) 956387 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 Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Description Section Registration Section	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

OGISTICS

FILED
022 JUN - 7 DM

(A Florida Limited)	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000 2839</u> C		-12-2010 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company hero	<u>rc</u> ;	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	signation "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 agent and/or the new registered office address here:	address on our rec	cords, <u>enter the name of the new regist</u>	<u>ered</u>
Name of New Registered Agent:			_
New Registered Office Address:			_
	Enter Florid	ida street address	
		, Florida Zip Code	_
	3.77	Zip Code	
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of 1 provided for in C	my duties, and I am familiar with and Thapter 605, F.S. Or, if this document i	

ompany 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
MGR	JAMES TADDEO	G802 PROJOST RDN	[]Add
		G802 PROJOST RDN DRCKSONJULY, FL 32214	Remove
			= Change
			□Add
			[]Remove
			[]Change
			LRemove
			Change
			□Add
			□Remove
			[::]Change
			□Remove
			□Change
			🗆 Remove
]Change

If amending ar	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
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Note: If the da	e is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as fective date on the Department of State's records.
he record specifi ord is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member DIANNE Section

Filing Fee: \$25.00