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21111112	C & C Adm	inistrative Services, LLC	د الله الله الله الله الله الله الله الل	•
SUBJEC	UI:	Name of Limi	ited Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Stephen M. Litwin, Esquire	e	
			Name of Person	
		Stephen M. Litwin, Esquire	e	
			Fitm/Company	
		116 Orange Street		
			Address	
		Providence, Rhode Island	02903	
			City/State and Zip Code	
		attysml@aol.com		
			to be used for future annual report notific	ation)
For furt	her information co	oncerning this matter, please co	all:	<u> </u>
Stephen	M. Litwin, Esqu	ire	401 273-5155 at ()	
	Name o	f Person	Area Code Daytime T	Telephone Number
Enclose	d is a check for th	ne 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 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee, I	Section corporations 7	Street Address: Registration Section Division of Corporate Centre of Tail 2415 N. Monroe Tallahassec. FL 3	orations llahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	iny a <u>s it now appears on our records.</u>) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on April 11, 2011	and assigned
Florida document number L11000043225		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Longhorn Logistics Group, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		93
(Principal office address MUST BE A STREET ADDRESS)		<u>-</u> । ।
Principal office address MOST BE A STREET ADDRESSY		3.45 3.45
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Enter new mailing address, if applicable:	_	
(Mailing address MAY BE A POST OFFICE BOX)		·····································
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ge name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida Zip Code
	City	гар Спас

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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
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ective date, if other than the date of filing:	(optional) ior to date of filing or more than 90 days after filing.) Pursuant to 605.03
e: If the date inserted in this block does not meet the app	licable statutory filing requirements, this date will not be listed
nument's effective date on the Department of State's record	ds.
	The Web day of the time to
cord specifies a delayed effective date, but not an effective s filed.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
November 2 2020	
Stephen in hitm Es	thorized representative of a member

Filing Fee: \$25.00