

L13000101183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

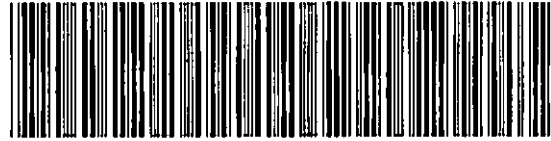
(Document Number)

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S TALLENT

MAR 03 2020

2020 MAR -2 AHID: 12

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RECEIVED

2020 MAR -2 PM 5:15

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2020

TRACEY MOSES  
TRI-BRIDGE LOGISTICS, LLC  
6501 ARLINGTON EXPRESSWAY B105 STE 2034  
JACKSONVILLE, FL 32211

SUBJECT: TRI-BRIDGE LOGISTICS, LLC  
Ref. Number: L13000101183

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE REGISTERED AGENTS NAME MUST BE REMOVED FROM THE AUTHORIZED PERSON DETAIL PAGE. IF THE REGISTERED AGENT IS BEING REMOVED, THEY MUST BE REPLACED WITH ANOTHER REGISTERED AGENT IN THE AREA DESIGNATING THE CHANGE, WHICH IS LETTER B.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 220A00003747

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tri-Bridge Logistics LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

TRACEY MOSES  
Name of Person

Tri-Bridge Logistics LLC  
Firm/Company

6501 ARLINGTON EXPRESSWAY B105 SUITE 2034  
Address

JACKSONVILLE, FLORIDA 32211  
City/State and Zip Code

tribridgeleg@gmail.com  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACEY MOSES at ( 904 ) 418-0597  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

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

Tri-Bridge 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 Company were filed on 07-15-2013 and assigned Florida document number L13000101183.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6501 ARLINGTON EXPRESSWAY  
B105 SUITE 2034  
JACKSONVILLE, FLORIDA 32211

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6501 ARLINGTON EXPRESSWAY  
B105 SUITE 2034  
JACKSONVILLE, FLORIDA 32211

**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 office address here:**

Name of New Registered Agent:

TRACEY MOSES

New Registered Office Address:

6501 ARLINGTON EXPRESSWAY B105 SUITE 2034  
Enter Florida street address  
JACKSONVILLE Florida 32211  
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.*

Tracey Moses  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	TRALEY MOSES	6501 ARLINGTON EXPRESSWAY	<input checked="" type="checkbox"/> Add
		B105 SUITE 2034	<input type="checkbox"/> Remove
		JACKSONVILLE, FLORIDA 32211	<input type="checkbox"/> Change
AMBR	BARRY JONES	6501 ARLINGTON EXPRESSWAY	<input type="checkbox"/> Add
		B105 SUITE 2034	<input type="checkbox"/> Remove
		JACKSONVILLE, FLORIDA 32211	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FEI/EIN NUMBER 84-3765452

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated January 18, 2020

Barry Jones  
Signature of a member or authorized representative of a member

Barry Jones  
Typed or printed name of signee

Filing Fee: \$25.00