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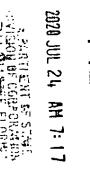


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## **COVER LETTER**

TO: Registration Solution of Col			
	DLE LOGISTICS LLC		•
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	LEAH JARRIEL		
		Name of Person	
	PANHANDLE LOGISTIC	'S LLC	
		Firm/Company	
	3131 WINSTEAD COVE		
		Address	* · · · · · · · · · · · · · · · · · · ·
	CRESTVIEW, FL 32539		
		City/State and Zip Code	
	PHLOGISTICS@HOTMA		
	E-mail address; (	to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
LEAH JARRIEL		850 612-4411 at ()	
Name o	of Person	Area Code Daytii	me 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PANHANDLE 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 10/22/2014 Florida document number  $\frac{L14000164959}{2}$ 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 "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 office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

Circ

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	FELECIA JARRIEL	3131 WINSTEAD COVE	
		CRESTVIEW, FL 32539	≣Remove
MBR	SHANE HULION	3131 WINSTEAD COVE	
		CRESTVIEW, FL 32539	≣Remove
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			□ Change
	<u>-</u>		□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change

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e record specifies a de rd is filed.	played effective date, but	not an effective ti	me, at 12:01 a.i	n, on the earlier of:	(b) The 90th day at	fter the
Dated JULY 21		2020				
	Signature	at member or apitho	Julia fized representat	ive of a member		
LEAH JA	<u>.</u>	Ţ,		S S. G MCMCCI		