## L16000046286

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2021 JAN 25 PH 1: 55 SECRETARY OF STATE

3/11/21

## **COVER LETTER**

Division of Co	orporations		·
XTREME	LOGISTICS GULF COAST L	LC	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Picase return all corresp	oondence concerning this matter	to the following:	
	JOSEPH F NELSON JR		
		Name of Person	
	XTREME LOGISTICS GU	JLF COAST LLC	
		Firm/Company	
	8668 FOWLER AVE		
		Address	
	PENSACOLA FL 32534		_
		City/State and Zip Code	
	DEBBIE@XTREMELOGI	STICSLLC.COM to be used for future annual report no	outfication)
For further information	concerning this matter, please c	·	
JOSEPH F NELSON J	R	850 999-7800 at ()	_
Name	of Person	Area Code Dayti	me 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 Addro		Street Address: Registration S	ection

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

Registration Section

TO:

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

XTREME LOGISTICS GULF COAST, LLC

2021 JAN 25 PH 4: 55

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our reco Liability Company)	rds SECRETARY OF STATE
	03/04/2016	IALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed on 95/04/2018	and assigned
Florida document number L16000046286		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8668 FOWLER AVE	
Principal office address MUST BE A STREET ADDRESS)	PENSCOLA FL 32534	
Enter new mailing address, if applicable:	8668 FOWLER AVE	
Mailing address MAY BE A POST OFFICE BOX)	PENSACOLA FL 32534	
3. If amending the registered agent and/or registered office a	address on our records, ente	r the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	27.5
		lorida
	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.

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
			□Change
			\Add
			□ Remove
			□Change
			Remove
			Change
			Remove
			□Change
			Change

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JOSEPH F NELSON JR	Signatu	ire of a member	or admonited	-1			

Filing Fee: \$25.00