## L16000050143

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## **COVER LETTER**

	gistration Sec vision of Corp		•	
CHD ITAT.	Brink Logis	tics, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	I Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Terry Brink		
		<del> </del>	Name of Person	, v.,. <del></del>
		Brink Logistics LLC		
			Firm/Company	
		501 SW Timber Trail		
			Address	
		Stuart, FL 34997		
		brinklogistics54@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please co	all:	
Terry Brink			772 233-5544	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

**Brink Logistics LLC** 

LC Same of the Limited Liability Company as it now appears on our records.

(A Florida Limito	ed Liability Company)	MELLIANISEE, FEE
The Articles of Organization for this Limited Liability Comparation document number $\frac{L16000050143}{L16000050143}$ .	ny were filed on $\frac{3/4/2016}{}$	<b>'</b>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li-	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	501 SW Timber Trail	
Principal office address MUST BE A STREET ADDRESS)	Stuart, FL 34997	
	501 SW Timber Trail	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	Stuart, FL 34997	
Mailing address MAY BE A POST OFFICE BOX)	Stuart. PL 34997	
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address h	ere:	records, <u>enter the name of t</u>
Name of New Registered Agent: Allison Horn	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address: 501 SW Tim		
	Enter Florida stred	rt address
Stuart		Florida <u>34997</u>
	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 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
AMBR	DAVID RIZZO	431 Lake Pansy Drive NW	
		Winterhaven, FL 33811	■ Add
		Winternavell, Ft. 53611	☐ Remove
			Change
			□ Remove
			Change
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ective date, if other than the c	date of filing:	to data of Glina or more than	(optional) 90 days after filing.) Pursuant to 605.0
te: If the date inserted in this blo ument's effective date on the Dep	ck does not meet the applic	able statutory filing require	ements, this date will not be listed
record specifies a delayed he 90th day after the reco		t an effective time, a	t 12:01 a.m. on the earlier
January 31st	2019	<u> </u>	
	Engl		

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Typed or printed name of signee

Filing Fee: \$25.00