L16000050143

(Re	equestor's Name)	-
(Ac	ldress)	
(Ad	ldress)	
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	(Ca) - (Ca)	10
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(2 ::		,
(100	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	
Special instructions to	Filling Officer.	
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Office Use Only



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COVER LETTER

	Registration S Division of Co			
SUBJEC	Brink Logi			
SOBJEC	T:		nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		Terry Brink		
		Brink Logistics	Name of Person	
		501 SW Timber Trail	Firm/Company	
		Stuart, FL 34997	Address	
		City/State and Zip Code brinklogistics54@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	r information c	oncerning this matter, please ca	all:	
Terry Bri		CD	772 233-5544	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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

Brink Logistics, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records ited Liability Company)	2.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 3/4/2016	and assigned
lorida document number L16000050143		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		2019 33 (2)
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		5
If amending the registered agent and/or registered egistered agent and/or the new registered office address		enter the name of the ne
Name of New Registered Agent:		- And property
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	Citv	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>	<u>Address</u>	Type of Action
AMBR	David Rizzo	431 Lake Pansy Drive NW Winterhaven, FL 33811	
			Remove
			Change
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			☐ Change
			□ Add
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in effe ote:	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
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ited [*]	April 22 2019
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Typed or printed name of signee