## L17000038914

(Requestor's Name)
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_
PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

FO: Registration Section División of Corporations					
SUBJECT:	Onlon LLC	ited Liability Company			
	Name of Lim	ned Cladiny Company			
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	miche	11e Pierre			
		Traine of Terror			
		Firm/Company	3 <del></del>		
	2835 NH	). DOG Street			
	Miami,	Flurica 330 City/State and Zip Code On Jun Jug 150 to be used for future annual report notifi	256		
	miche//e E-mail address: (1	@ On /On/1915	tics. com		
For further information co	oncerning this matter, please ca	all:			
Mi Chel	le Pierre	at ( <u>754</u> ) <u>46.5 -</u> Area Code Daytime	2744 Telephone Number		
Enclosed is a check for th	ne following amount:				
\$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres	s;	Street Address:			

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TÖ ARTICLES OF ORGANIZATION OF

FILED

OnlonLLC		2022 HAR 24 AM 9: 32	
On Ion LLC (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our rec Liability Company)	OF STATE	
The Articles of Organization for this Limited Liability Company	were filed on $2/17/2$	2017 and assigned	
Florida document number <u>417000038914</u>	, ,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
Onlon Logistics LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	.LC" or the abbreviation "L.L.C."	
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 a agent and/or the new registered office address here:	ddress on our records, <u>ent</u>	er the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Florida		
	City	Zip Code	
A1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			

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
			□Add
			Remove
			□Change
			🛮 Add
			□Remove
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yped or printed name of signee