

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	= #)
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(Do	ocument Number)	
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## **COVER LETTER**

FO: Registration Secti Division of Corpo					
SUBJECT: Per	Idulum LD Name of Limit	Ged Liability Company	LC		
	nendment and fee(s) are subnence concerning this matter t				
2.		Name of Person			
		Firm/Company			
		Address			
		City/State and Zip Code			
	E-mail address: (t	o be used for future annual r	eport notification	en)	
For further information con	cerning this matter, please ca	II:			
Robyn Arie	el Hay	at (239)	240	1138	
Name of P	erson	Area Code	Daytime Tele	phone Number	
Enclosed is a check for the	following amount:			/	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Certificate of Certified Contadditional cop	of Status & py

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

Pendulum Logi.	stics LLC.
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>し 170009に33</u> り	on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp Pendulum Ent. U	
The new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	350
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	日 TI 33 日 3 日 9 9
B. If amending the registered agent and/or registered office addr	ess on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
<i>L1</i>	
City	, Florida 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:

$M\dot{G}R = Ms$ $AMBR = At$	inager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add  Remove
			99 Add
			☐ Remove
			Change
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ective date, if other than			1 00	_ (optional)	
n effective date is listed, the date te: If the date inserted in thi cument's effective date on the	s block does not meet the	e applicable statut			
record specifies a dela he 90th day after the i		but not an effe	ctive time, at 1	2:01 a.m. on	the earlier
ed <u>Septembe</u>	<u>r 25, 2</u>	1019	_		
,	12-d	, \\-^	0 0 1		
	Signature of a member	or authorized repre	sentative of a member	-r	

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Filing Fee: \$25.00