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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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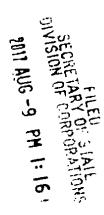
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N. CAUSSEAUX AUG 1 1 2017

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| NATHAN L. JONES |
| NATZ LOGISTICS LLC |
| 1796 HWY 162 Address |
| City/State and Zip Code WATT Logistics @ amail. Lom E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (850) 797 - 4826 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigsiz \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigsiz \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ 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

| | _OCHSTIL | | | | |
|--|--|---|----------------------|--------------------|-------------------|
| (Name of the Limiter | I Liability Compan A Florida Limited Li | y as it now appears on ability Company) | our records.) | | |
| The Articles of Organization for this Limited Lia | | vere filed on <u>2</u> | AUG Zo | 17 and assign | ned |
| This amendment is submitted to amend the follow | wing: | | | | |
| A. If amending name, <u>enter the new name of</u> | the limited liabil | ity company here: | | | |
| The new name must be distinguishable and contain the wo | rds "Limited Liabilit | Company," the design | ation "LLC" or the a | bbreviation "L.L.C | 3.31 |
| Enter new principal offices address, if applica | ble: | | | | |
| (<u>Principal office address MUST BE A STREET</u> | ADDRESS) | | | | 2 ≤ <u>v</u> - |
| Enter new mailing address, if applicable: | | | | 117 AUG -9 | SIDE OF TO |
| (Mailing address MAY BE A POST OFFICE B | OX) | | | 3 | <u> </u> |
| B. If amending the registered agent and/o registered agent and/or the new registered off | | ce address on our | records, enter | the name 🕏 | the new |
| Name of New Registered Agent: | NATH | AN JO | NES | · | |
| New Registered Office Address: | 1796 | HWY 16 Enter Florida st | reet address | | |
| | WESTVIL | City | , Florida | 32 464 Zip Code | <u> </u> |

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

| AMBR = A | uthorized Member | | |
|--------------|------------------|--|----------------------|
| <u>Title</u> | Name | Address | Type of Action |
| MGR | NATHAN JONES | 1796 HWY 162 | ■ Add |
| | | WESTVILLE FLORIDA | 4 _□ Remove |
| | | 32464 | Change |
| MGR | ELIN MIDOMALD | 65 KING JAMES COVET SAVANNAH GA 31419 | Add |
| | | SAVANNAH GA 31419 | Remove |
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| Effective date, if other fan effective date is listed, Note: If the date inserte document's effective date | d in this block does not | meet the applica | o mure or mure or mer | (optional to than 90 days after filing requirements, this date | ;.) Pursuant to 605,0207 (1 |
| e record specifies : | a delayed effective r the record is filed JGJST | date, but not | an effective tin | ne, at 12:01 a.m. | on the earlier of: |
| The 90th day afte | | • | | | |
| The 90th day afte | | . <u>2017</u> | <u>Z</u> . | | |
| The 90th day afte | | 2017 | <u>Z</u> . | | |
| The 90th day afte | 2017 Justin 1 | Omer | ized representative of | a member | |

Page 3 of 3

Filing Fee: \$25.00