L17000166145

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: L.A.S. Logistics, LLC 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:
Windell Johnson Jr Name of Person
L.A.S. LOGISTICS, LLC Firm/Company
1135 Louisiana Ave
Clawiston, FL 33440 City/State and Zip Code
femail address: (tobe used for future annual report notification)
For further information concerning this matter, please call:
Wondell Johnson at (A07) 183-4959 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee S25.00 Filing Fe

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

L.A.S. Ligistics, L.	ty Company as it now appears Limited Liability Company)	on our records.)	and assigned 2
The Articles of Organization for this Limited Liability (Florida document number <u>L170001(10145</u>	Company were filed on 1	31/17	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the lin	ited liability company her		
The new name must be distinguishable and contain the words "Lir Enter new principal offices address, if applicable:	ited Liability Company," the des		
(Principal office address MUST BE A STREET ADD) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1135 LOU	1151ana Ave	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the	name of the new
New Registered Office Address: 113			440
	City		Lip 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Danyell Johnson	1135 Louislana Ave	
		1135 Louislana Ave Clewiston, FL 33440	Kemove
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an eff	ve date, if other than the date of filing: (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date) Pursuan	t to 605,02 be listed :
	ent's effective date on the Department of State's records.		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the	earlier
ned	1 25 18		
	Signature of a member or authorized representative of a member		
			_
	Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00