## L17000197092

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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2021 AFR -5 PH 5: 20 SECRETARY OF STATE

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h1/22/21



March 17, 2021

MARA MINOR 607 ARBEQUINA COURT PLANT CITY, FL 33566

SUBJECT: MINOR LOGISTICS LLC

Ref. Number: L17000197092

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  $(850)\ 245-6050$ .

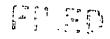
Querida R Moore Regulatory Specialist II

Letter Number: 421A00005682

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Minor Legistics 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:
Mara Minor Name of Person
Minor Logistics II (
1007 Arbequina Court
Plant City, Florida 33566 City/State and Zip Code
SUBJECT: Minor Logistics LLC Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:  Mara Minor  Name of Person  Minor Logistics LLC Firm/Company  LeO7 Arbroquina Court Address  Plant City Florida 3356 to City/State and Zip Code  Operations Command Liability Company  Lemail address: (to be used for fighter annual report notification)  For further information concerning this matter, please call:  Mara Minor  Name of Person  at 863 272 5104  Area Code  Daytime Telephone Number  Street Address:  Registration Section Division of Corporations P.O. Box 6327  The Centre of Tallahassee  The Centre of Tallahassee  The Centre of Tallahassee  The Centre of Tallahassee  The Centre of Tallahassee
For further information concerning this matter, please call:
Douging Talaphone Number
Enclosed is a check for the following amount:
Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy
Registration Section  Division of Corporations  Registration Section  Division of Corporations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company as it now appears on our records:) ECRETARY OF ST (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on	2021 APR -5 PH 5: 26
(Name of the Limited Liability Company as it now appears on our recon (A Florida Limited Liability Company)	rdsDECRETARY OF STATE WALLARASSEE, FL
The Articles of Organization for this Limited Liability Company were filed on $9-22$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI	.C" 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 address on our records, ento agent and/or the new registered office address here:	er the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street add	lress
	Florida
City	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 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>	Name	<u>Address</u>	Type of Action
MGR.	Kirlitha Johnson	607 Arbequina Court	🛛 🗖 Add
		607 Asbequina Court Plant City, FL. 33566	□Remove
			□Change
			🗖 Add
			□Remove
			🗆 Change
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			□ Change

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Note: If the dat	if other than the date of filing:	5.0207 (3 led as th
he record specific ord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	er the
Dated	-31-2021	
	Signature of a member or authorized representative of a member	
	Mara Minor Typed or printed name of signee	