## L14000197092

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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: Mino	er Logistics L	L.C. nited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Mara	Minor Name of Person		
	Minor	Logistics LLC Firm/Company		
	8270 W	oodland Center 1	31vd. #0208	SEP 22
		City/State and Zip Code		22 SEP 22 AM II: 06
For further information co	E-mail address: (	to be used for future annual report not all:	ification)	
Mara M Name of	Person	at (BC3) 27(p. Area Code Daytin	51014 ne Telephone Number	
Enclosed is a check for the	following amount:			
☑\$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee Certificate of Sta Certified Copy (additional copy is et	ntus &
Mailing Address: Registration Se		Street Address: Registration Se	ection	

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 TO ARTICLES OF ORGANIZATION OF

Nor Logistics LLC (Name of the Limited Liability Company as it now	appears on our records.)
(A Florida Limited Liability Con	npany)
The Articles of Organization for this Limited Liability Company were filed	on September 22, 2017 and assigned
Florida document number L17000197092	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	E P
	22 To
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	96
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new registe
agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
Er	ner Florida street address
	, Florida
City  New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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
HGR	Flora Cooley Sledge	2575 Fast Trol Trail	🏿 Add
	9	Lake Wales FL 33898	□Remove
			□Change
	<del></del>		🗀 Add
			□Remove
			— □ <b>ZB</b> angler SEP 22 SEP 33 SEP 34 S
			Remove:
			🗆 Add
		- N.W.	□ Remove
			□ Change
		<del></del>	🗆 Add
		<del></del>	□Remove
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te: If the date inser	er than the date of filing: Sec., the date must be specific and cannot be ed in this block does not meet the atte on the Department of State's rec	pplicable statutory filing re	than 90 days after filing.) Purequirements, this date will	suant to 605.02 not be listed
cord specifies a del s filed.	yed effective date, but not an effect	ive time, at 12:01 a.m. on	the earlier of: (b) The 90	th day after th
	ber 19 . 20:			
	Signature of a member or			

Filing Fee: \$25.00