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A. BUTLER
DEC - 8 2021

## **COVER LETTER**

Mailing Address: Registration Section Division of Corporations

P.O. Box 6327

TO: Registration Section Division of Corporations
SUBJECT: Regal Legistics L.L.C. 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:
Russell G. Jowes  Name of Person  Regn1 Logistics LLC  Firm/Company
Kegni Logistics LLC Firm/Company
15 Bud Field Dr.
PAlm Coast F1. 32137 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Russell & Jaco at (386) SLG-4747  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lighting (A Florida	ty Company as it now appears on our records.)
	ompany were filed on 11 17 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)  Ress Prim Coost, F1. 32/32
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Some 93 Above
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:	Russell G. Jones 15 Bud Rield Dr.
Participation of the reduction of the second	Enter Florida street address  Im Cook Florida 32/37  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>	<u>Name</u>	Address	Type of Action
AMBR	Lisa Parker Ju.	HES	🗆 Add
		15 Bud Ridd Pr. Palm Co	Carl Bromove
		P1. 3	2137 □Change
			□Add
			Remove
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tores it me	te, if other than the date of filing:
record speci lis filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	11/17/21
_	Signature of a member or authorized representative of a member
	Kossell G. Tours