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(Requestor's Name) (Address) (Address)	300351342353				
(City/State/Zip/Phone #)	95×93×20×+9(013×+004) +++-9.00				
(Document Number) Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Office Use Only	O T OCT 1 4 2020				

COVER LETTER

TO: **Registration Section Division of Corporations**

IIIiam Logistics LhC Name of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chardin William Thomas William Logistics LLC S. Drange Are #209 8000 Inlando, Florida 3.2809 <u>E-mail address: to be used for future annual report notification</u>

For further information concerning this matter, please call:

at $(\frac{407}{\text{Area Code}}) = \frac{603 - 1017}{\text{Davtime Telephone Number}}$

Enclosed is a check for the following amount:

□ S25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF	ORGANIZATION
(Name of the Limited Liability Comp (A Florida Limited	ACS LLC - PHIZE 33 any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>人17000,241802</u> .	y were filed on $1/37/3017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited lia</u>	<u>bility company here</u> : N/4
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	N/A
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	-N/A
New Registered Office Address:	T Enter Florida street address
	, 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	Address	1011 S = - 3	Type of Action
MGR	Chardin Thomas	8000 S. Dram	ge Ave #20	29 WAdd
		Orlando, FI	32809	🗆 Remove
	2			Change
MGR	Anderson Guerrier	8000 S. Dran	ge Ave #	⊻ <u></u> J a TAdd
		Orlando, FI	32809	🗆 Remove
	A			Change
MGR	Arcline Thomas	8000 S. Dra	nge Ave #	19 XIAdd
		Drlando, Fl	32809	🗆 Remove
				🗆 Change
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				🗆 Add
				🗆 Remove
				🗆 Change
				🗆 Add
			<u> </u>	Remove
		i		Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

request to please add 15 Fii 12: 03 Tuerrier, Managor erson <u>Managers</u>: a.s. <u>MAR</u> active asi lionia s in timas

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated_ Signature of a member or authorized representative of a member Hrdine

Typed or printed name of signee