## L1700261743

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18 JAN 16 PM 10: 13

## COVER LETTER

O.	OVEREELLER	
TO: Registration Section Division of Corporations		
SUBJECT: Unlimited Maratha Name of Limited	on Logistics L d Liability Company	LC_
The enclosed Articles of Amendment and fee(s) are submit	tted for filing.	
Please return all correspondence concerning this matter to	the following:	
Joynan S	mith Name of Person	
Unlimited M	aratha Logist	cs, LLC
506 Fallen	Timbers Dr	
Orange Par	K FL 320 City/State and Zip Code	7.3
ulimitedmaca E-mail address: (to 8	thon logistics of	gmail.com
For further information concerning this matter, please call:		
Tojuan Smith	at ( <u>904</u> ) 333 1 Area Code Daytime Te	9182 ephone Number
Enclosed is a check for the following amount:  □ \$25.00 Filing Fee □ \$30.00 Filing Fee &	\$55.00 Filing Fee &	□ \$60.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed
MAILING ADDRESS: Registration Section	STREET/COURIER Registration Section	ADDRESS:
Division of Corporations P.O. Box 6327	Division of Corporation Clifton Building	ns
Tallahassee, FL 32314	2661 Executive Center Tallahassee, FL 3230	Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 12 126 2017 and assigned Florida document number L17000261743 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 "LLC" or the abbreviation "LLC." 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida serves address Florida Zip Code Circ New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

SECRETARY OF FLORIDA

	from our records:	anage, enter the three name.	and address of tach person freing adde
MGR = M AMBR = A	anager uthorized Member		
Title	Name	Address	Type of Action
MGR	Tojuan Smith	506 Fallen	Timbers Dr WAdd
		Drange Park	, F L 32073 a Remove
			□ Change
MGR	Sherita Smith	506 Faller	Timbers Dr DAGO
		Orange Par	FL 32073 @ Remove
	<del></del>		
			□ Remove
			□ Change
			□ Remove
			☐ Change
<del></del>		<del></del>	□ Add
			□ Remove
		<del></del>	☐ Change
		<del></del>	O Add

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Filing Fee: \$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 12/26/2017 and assigned Florida document number L 17000261743 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 "LLC" or the abbreviation "LLC" 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

18 JAN 16 PH 10: 13

SECRETARY OF STATE

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 Address Type of Action **Title** Name Tojuan Smith 506 Fallen Timbers Dr Mad Drange Park FL 32073 @ Remove \_ Change MGR Sheoita Smith 506 Faller Timbers Dr Drug Orange Part, FL 32073 11 Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change \_□ Add \_□ Remove ☐ Change □ Add ☐ Remove \_□ Change

TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00