## 180002899

(Re	equestor's Name)	
(Ac	ldress)	
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(***		
(Cil	ty/State/Zip/Phone	± #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	

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OCT 1 0 2019 S. YOUNG

## **COVER LETTER**

TO: Registration Section of Corp		٠.	i,
SUBJECT: Bed		ish cs , LLC led Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Anther	ny 2. Perry	
	Redd L	ake Logistics,	LIC
	<u>402 NI</u>	O Cartey Ave	
	Madise	City/State and Zip Code	
	E-mail address: (1	edd la Ke log ist o be used for future annual reportmotifi	ics, CON
For further information co	ncerning this matter, please ca	II:	
ANTHONY	Pervy Person	at (771) 255 c Area Code Daytime	3-331 Telephone Number
Enclosed is a check for the	: following amount:		
□ \$25.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa- (A Florida Limited L	istics, LLC ny as it now appears on our r	ceords.)
(A Florida Limited L	dability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	( <u>1994)</u>	15 00
Enter new mailing address, if applicable:		770
(Mailing address MAY BE A POST OFFICE BOX)		
		9
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		cords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	7.416/ 1 11/1 IME 31/ LET	
	City	, Florida 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 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
Title SeC	Lynell Perry	402 NW Cartey Ave, Madison, FL 32340	<b>jx</b> Add
			Remove
			Change
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			☐ Remove
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an effect <u>ote:</u> H	date, if other than the date of filing:
recoi The 9	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ated	October 10. 2019.
	Limila Peny
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00