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| (Red | questor's Name) | |
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| (City | /State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Na | me) |
| (Doc | ument Number) |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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2021 DEC 14 PH 12: 40

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: MANWAL LLC |
| 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: |
| Ashley D. Manague |
| MANWAL LLC- Firm/Company |
| 1309 N. 20th St Address |
| Fort Pierce FL 34950 City/State and Zip Code |
| E-mail address: (to be used for titure annual report notification) |
| For further information concerning this matter, please call: |
| Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: S25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed) 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 AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

| | OF | ZUZI UEC 14 P | # 12: 40 |
|--|--|---------------|-------------|
| MANWAL | LLC. | SECRETARY ? | E STATE |
| (Name of the Limited Liabilit | y Company as it now app Limited Liability Company | | |
| The Articles of Organization for this Limited Liability Co | ompany were filed on | , · | nd assigned |
| This amendment is submitted to amend the following: | | | |

A. If amending name, enter the new name of the limited liability company here:

| MANWAL TRANSPORT AND LOGI | STICS LLC. | |
|---|--------------------------------|--|
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation | on "LLC" or the abbreviation "L.L.C." |
| 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 agent and/or the new registered office address here: | address on our records | , <u>enter the name of the new registere</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida stree | |
| | Enter r torida stree | a autress |
| | | , 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 | Membe: |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| If an effect Note: 11 | e date, if other than the date of filing: |
| e record and is file | 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 l. |
| Dated _ | Declevaber 9 2021. Manager Signature of a member or authorized representative of a member |
| | Ashley D. Manague. Typed or printed name of signee |