18000068522

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SECRETARY OF STATE

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration : Division of Co			
ann ir ar	DISPAT	CH KINGS LLC	
SUBJECT:	Name of Lim	ited Liability Company	, ,
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		FREDERICK GAINES	
Name of Person DISPATCH KINGS LLC Firm/Company 9437 WINDERMERE LAKE DRIVE UNIT 202			
			් 7 0
			ECF TAI
			ZOZY APR 22 AH II: 55 SECRETARY RESEARCH
	Address		
RIVERVIEW, FL 33578			
	-	City/State and Zip Code	구글 5
FREIGHT@DISPATCHKINGSLLC.COM		M	
		to be used for future annual report notifica	ation)
For further information	concerning this matter, please c	all:	
FREDERICK GAINES	S	678 308-291 at ()	11
Namo	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add		Street Address: Registration Secti	ion
Registration Section Division of Corporations		Division of Corpo	orations
P.O. Box 65		The Centre of Tal	
Tallahassee	. PL 32314	2415 N. Monroe S	Succi, Suite o IV

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISPATCH	KINGS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)	
he Articles of Organization for this Limited Liability Company dorida document numberL18000068522	were filed on	03/15/2018	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company hei	<u>e</u> :	
GO 4TH LOGISTICS LLC			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	signation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:			75 91
Principal office address MUST BE A STREET ADDRESS)	9437 WINDERM	1ERE LAKE DRI	VE. UNIT 2025
The control office and the state of the stat	RIVERVIEW FL	. 33578	程约 22
nter new mailing address, if applicable:	9437 WINDERN	MERE LAKE DR	
Mailing address MAY BE A POST OFFICE BOX)	RIVERVIEW FI	. 33578	
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our re	cords, <u>enter the</u>	name of the new regist
gent and/or the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	<u></u> .,
			_
	City	, Florid	la 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
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			Change 2021 Add Change Change
			To Change
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			, ,		
Effective date, if other than the date of (If an effective date is listed, the date must be spective.) Note: If the date inserted in this block does document's effective date on the Department.	rific and cannot be pri es not meet the appl	icable statutory fili	more than 90 days after	onal) r filing.) Pursuant is date will not	t to 605.0207 be listed as
the record specifies a delayed effec) The 90th day after the record is		not an effective	time, at 12:01	a.m. on the	earlier of
Dated MARCH 9TH	2024				
7/					
Signatu	re of a member or au	thorized representative	re of a member		

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Typed or printed name of signee

Filing Fee: \$25.00