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	(Requestor's Name)	
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Special Instruction	s to Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: A.2.B. Tr	ucking LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jourdan Cerrillo		
		Name of Person	
	DoMyLLC.com, LLC		
		Firm/Company	
	5716 Corsa Ave. · S	uite 110	
		Address	
	Westlake Village, CA	A 91362 - 7354	
		City/State and Zip Code	Na
	processing@domyllc	.com to be used for future annual re	and anti-Cartina
For further information of	encerning this matter, please c		pury nouncation?
	officertung this matter, predac c		_
Jourdan Cerrillo		888-366-955	
Name c	n' Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		<u>Street Ado</u> Registrat	<u>Iress:</u> ion Section
Division of C	Corporations	Division	of Corporations
P.O. Box 632 Tallahassee.			tre of Tallahassee Monroe Street, Suite 810

Tallahassee, FL 32303



5716 Corsa Ave Suite 110 Westlake Village, CA 91362

Phone: (818) 264-4266 Toll-Free: (888) 366-9552 Fax: (877) 366-9552 www.DoMyLLC.com

October 6, 2022

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Florida Secretary of State,

Enclosed please find the Amendment, Reinstatement and filing fee for A.2.B. Trucking LLC.

Check #: 2727

Check Amount: \$541.25

Please return the documents once the filing is completed to:

DoMyLLC.com, LLC Attn: Processing 5716 Corsa Ave. Suite 110 Westlake Village, CA 91362

If you have any questions, please contact our office at (888)-366-9552.

Sincerely,

Processing@domyllc.com www.DoMyLLC.com

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.2.B. Trucking LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	v were filed on <u>04/12/2018</u>	and assigned
Florida document number <u>L18000092638</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	pility company here:	
Blog Logistics LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
		16 15
		S 2
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		35 -
mading dadress mill be A 1 031 01 11CL box	 · · ·	
B. If amending the registered agent and/or registered office	address on our records, enter the	name of the grew register
agent and/or the new registered office address here:	address on our records, enter the	and the control of th
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florid:	1
	Cin	Zıp 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:

or remove	u from our records:	
MGR =	Manager	
AMBR =	Authorized Member	

	tutionized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			🗀 Remove
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<u>te:</u>	ye date, if other than the date of filing: (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and seffective date on the Department of State's records.
core s fil	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
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	Signature of a member or authorized representative of a member