L18000128814

| (Requestor's N | me) | | | |
|--|--------------------|--|--|--|
| | | | | |
| (Address) | | | | |
| (Mudiess) | | | | |
| | | | | |
| (Address) | | | | |
| | | | | |
| · | | | | |
| (City/State/Zip/ | Phone #) | | | |
| | | | | |
| PICK-UP W | AIT MAIL | | | |
| | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Nur | hàc) | | | |
| (Docament Nat | illoer) | | | |
| | | | | |
| ned Copies Cer | ificates of Status | | | |
| | | | | |
| -, , . | | | | |
| regial Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Office | lise Only | | | |



000399746700

In the second se

my 10 1.1 H57

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/29/22

NAME:

FIRST COAST LOGISTICS OF NORTH CAROLINA LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN:

PLAIN COPY PLEASE

ACCOUNT: **FCA000000015**

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

[=[] =[] 2022 DEC 29 AM II: 0

| FIRST COAST LOGISTICS OF NORTH CAROLIN. | A. LLC | - 52 HUII: 03 |
|--|--|-----------------------------|
| FIRST COAST LOGISTICS OF NORTH CAROLIN. (Name of the Limited Liability Compa (A Florida Limited) | iny as it now appears on our records:) | The first of the second |
| (A Florida Limited I | (Jability Company) | TAMASSELIE |
| he Articles of Organization for this Limited Liability Company | were filed on 05/23/2018 | and assigned |
| lorida document number L18000128814 | | |
| a i de la companya de la Callantia de la Calla | | |
| to amend the following: | | |
| . If amending name, <u>enter the new name of the limited liab</u> | ility company here: | |
| | | |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | One Kellaway Drive | |
| Principal office address MUST BE A STREET ADDRESS) | Randolph, MA 02368 | |
| | | |
| | | |
| Inter new mailing address, if applicable: | One Kellaway Drive | ··· |
| Mailing address MAY BE A POST OFFICE BOX) | Randolph, MA 02368 | |
| | | |
| | | |
| | | |
| | address on our records, enter th | e name of the new regist |
| | address on our records, enter th | e name of the new regist |
| gent and/or the new registered office address here: | address on our records, <u>enter th</u> | e name of the new regist |
| | address on our records, <u>enter th</u> | e name of the new regist |
| gent and/or the new registered office address here: | | e name of the new regist |
| gent and/or the new registered office address here: Name of New Registered Agent: | address on our records, <u>enter th</u> Enter Florida street address | e name of the new regist |
| gent and/or the new registered office address here: Name of New Registered Agent: | Enter Florida street address , Flori | da |
| New Registered Office Address: | Enter Florida street address, Flori City | |
| gent and/or the new registered office address here: Name of New Registered Agent: | Enter Florida street address, Flori City | daZip Code |

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 |
|--------------|--------------|--------------------|-----------------|
| MGR | Ken Kellaway | One Kellaway Drive | □Add |
| | | Randolph, MA 02368 | □Remove |
| | | | ■ Change |
| | | □Add | |
| | | □Remove | |
| | | □Change | |
| | | □Add | |
| | | Remove | |
| | | | Change |
| | | □Add | |
| | | | □Remove |
| | | □Change | |
| | | □Add | |
| | | □Remove | |
| | | - | □ Change |
| | | □Add | |
| | | | □Remove |
| | | | □Change |

| | formation, enter change(s) here: (Attach additional sheets, if necessary | |
|--|--|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 2022 5 T J |
| | | 2)DEC |
| | | C 79 |
| | | پين در |
| | | <u> </u> |
| | | 9 _ |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Note: If the date inserted in | n the date of filing: (optional) the must be specific and cannot be prior to date of filing or more than 90 days after filing.) this block does not meet the applicable statutory filing requirements, this date with the Department of State's records. | |
| e record specifies a delayed e rd is filed. | ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The | e 90th day after the |
| Dated December 29 | 2022 | |
| | /s/ Kendall P. Kellaway, Jr. | |
| - | /s/ Kendall P. Kellaway, Jr. Signature of a member or authorized representative of a member | |
| | | |
| | Kendall P. Kellaway, Jr. Typed or printed name of signee | |

Filing Fee: \$25.00