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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|---|---|
| SUBJECT: | Liogistical Name of Lim | ited Liability Company | Services LLC |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | M atth | nen McCluske Name of Person | 7 |
| | Logisti | Firm/Company | Services LLC |
| | | Fan Brook | |
| | Jax | FL 327 | 256 |
| | E-mail address: (1 | ew. m CCl @ ymx.] to be used for future annual report not | ification) |
| For further information e | oncerning this matter, please co | all: | |
| Matthew Name o | McCluskey f Person | at (404) 535 Area Code Daytin | 7- 152 7- ne Telephone Number |
| Enclosed is a check for the | ne following amount: | | ı |
| □ \$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

ARTICLES OF ORGANIZA OF The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 address on our records, enter the name of the new Name of New Registered Agent: New Registered Office Address:

registered agent and/or the new registered office address here:

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,

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 Title Address Type of Action MGR Mathen McCluskey 6817 Southpoint PKWT #1904

Jax FL 32216 *Remove ____ 🗆 Change MGR NC Julilee LLC 6817 Southpoint PKW- H19MO Add MGR Bung Opportunity Po Bux 8093 DAdd
Partners LLC West Polar Board F1 33707 MR Rome Wess Falm Bank FL 33707 & Remove Change AMBR Lionbean Holdings 7812 Fann Brook Cir & Madd
Linited Linited Jan FL 32256 Remove
Company
Dot#: L18046231016 ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

| 444 | | |
|----------------|---|----|
| <u>ote:</u> If | e date, if other than the date of filing: | |
| | rd specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier 0 th day after the record is filed. | of |
| ated | 1/22/19 | |
| | | |
| | Signature of a member or authorized representative of a member | |

Page 3 of 3

Filing Fee: \$25.00