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Special Instructions to I	Filing Officer:	
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COVER LETTER

IO: Registration Sec Division of Cor			•
Van Not Ll			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
	ndence concerning this matter		
	Daniel Van Nort		
		Name of Person	
	Van Nort LLC		
		Firm/Company	
	10435 Pineneedles Dr.		
		Address	
	New Port Richey Florida 3	34654	
		City/State and Zip Code	
	dan@vannortllc.com	to be used for future annual report notif	
			ication)
For further information c	oncerning this matter, please c	all:	
Daniel Van Nort		727 644-1567 at ()	
Name o	f Person	Area Code Daytime	2 Telephone Number
Enclosed is a check for the	he following amount:		
□ \$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 Addre	ss:	Street Address:	

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

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 OF

OF 200 17 01 8: 24

Van Nort LLC			
(Name of the Limited Li (A F	ability Company as it now appear orida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabil lorida document number L8000258697	ty Company were filed on No	evember 5, 2018	and assigned
his amendment is submitted to amend the followin	g:		
a. If amending name, enter the new name of the	limited liability company he	ere:	
NPR Logistics LLC			
he new name must be distinguishable and contain the words	'Limited Liability Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable Principal office address MUST BE A STREET A			
		-	
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	2		
			
. If amending the registered agent and/or registered agent and/or the new registered office address he		ecords, enter the na	me of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
Ten Registered Office Address.	Enter Flori	ida street address	
		, 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 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
AMBR	Kristen Van Nort	10435 Pineneedles DR	= Add
		New Port Richey Florida 34654	□Remove
			□Change
			□Remove
			Change
	-		□Add
			Remove
			□Change
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ective date, if other t	han the date of filing	05/1/2020 g:		(optiona	ıl)
effective date is listed, the te: If the date inserted	date must be specific and in this block does not re	l cannot be prior to o	late of filing or more	than 90 days after fili	ng.) Pursuant to 605.020 ate will not be listed as
cument's effective date			in the second se	qui emento, una de	are will not be fished a.
cord specifies a delayed	effective date, but not	an effective time	at 12:01 a.m. on	he earlier of: (b)	The 90th day after the
s filed.					
ed April 14		2020			
ea		·			
Dan	12-21	La F			
	Signature of a r	member or authorize	ed representative of	a member	
Daniel Van No	-				
	<u> </u>	Typed or printed n	ama of siene		

Filing Fee: \$25.00