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Office Use Only



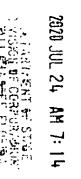
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## **COVER LETTER**

| SUBJECT: V F               | PR Logist                                    | ics LCC  |   |
|----------------------------|--|--|---|
| SOBJECT                    |  | ited Liability Company   |   |
|                            |  |  |   |
| The enclosed Articles of   | Amendment and fee(s) are sub                 | mitted for filing.   |   |
| Please return all correspo | ndence concerning this matter                | to the following:  |   |
|                            | Dariel                                       | Van Nort<br>Name of Person   |   |
|                            | NPRLog                                       | Firm/Company   | <del></del>   |
|                            | 10435 Pinene                                 | Address  | <del></del>   |
|                            | New Port R                                   | City/State and Zip Code  City/State and Zip Code  Con pr Logistics. Code  to be used for future annual report noti | 54  |
|                            | E-mail address: (                            | to be used for future annual report noti   | fication)   |
| For further information c  | oncerning this matter, please ca             |  |   |
| Danjel<br>Name o           | Van Nort<br>f Person                         | at (727) CUU. Area Code Daytim   | e Telephone Number  |
| Enclosed is a check for th | ne following amount:                         |  |   |
| □ \$25.00 Filing Fee       | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                            |  |  |   |

Registration Section

**Division of Corporations** 

TO:

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

## Street Address:

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

| NPR Logistics icc   |   |
|---|---|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on our records.) Liability Company)                  |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L18000 258 697</u> .     | were filed on 4/17 2020 and assigned                                      |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited liab   | ility company here:   |
| The new name must be distinguishable and contain the words "Limited Liabil  | ity 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)                               | NPR Logistics CCC<br>8348 Little Rd. Ste. 341<br>New Port Richey FC 34654 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the name of the new registered              |
| Name of New Registered Agent:   |   |
| New Registered Office Address:  | Enter Florida 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> | Name             | Address                 | Type of Action |
|--------------|------------------|-------------------------|----------------|
| AR.          | Dariel Van Nort  | 10435 Pinemedles Dr.    | · 🗆 Add        |
|              |                  | New Port Richey FC. 346 | SRemove        |
|              |                  |                         | □Change        |
| AMBR         | Krister Van Nort | New Port 12ichey FL 34  | C- □Add        |
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| n effecti<br>o <u>te:</u> If t | e date, if other than the date of filing:                                | iling or more than 90 days after filing.) Pursuant to 605.0207 |
| cord sp<br>s filed.            | specifies a delayed effective date, but not an effective time, at 12:6d. | 01 a.m. on the earlier of: (b) The 90th day after the          |
|                                | 7.22.2020 12:01am  |  |
| ted                            | I  |  |
| ted                            | 7-22-20 12: Ulan  Dand Valor  Signature of a member or authorized repre  | sentative of a member  |

Filing Fee: \$25.00