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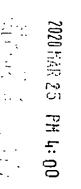
(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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Amend

APR 08 2020 I ALBRITTON

## **COVER LETTER**

TO:		ration Sect on of Corp		•	
SUBJ	ECT:	Brou	natorie Logie Name of Mini	5+1CS LLC ited Liability Company	
The em	closed Ar	ticles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all	correspon	dence concerning this matter	to the following:	
			Roderi	CK Harris Name of Person	<del>,</del>
			Lous	quality lawn ser	rice
			9591 (	Jarden 5t -	
				Or VILLE FL 32219  City/State and Zip Code  WYSELVICE F VOLCE to be used for future annual report notif	
r: c	.1 . 6			·	lication)
hor fui	ther infor	mation coi	ncerning this matter, please ca	a(I);	
	Eric	Name of	Person	at ( 904 ) 119 - Area Code Daytime	3056 Telephone Number
Enclos	ed is a ch	eck for the	following amount:		
<b>X</b> S2	:5.00 Filir	ig 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 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

	istics LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our record ability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company v  Florida document number	vere filed on	2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y 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 adagent and/or the new registered office address here:	ddress on our records, enter	the name of theorem registered
		· ·
Name of New Registered Agent:		
New Registered Office Address:		<u>.                                    </u>
	Enter Florida street addres.	
	, Flo	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	C.O.	zφcou
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as proper	performance of my duties, ar	nd Lam familiar with and

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	Roderick Harris	9591 Garden 5t	StAdd
		Jacksonville Fl 32219	□Remove
			□Change
AMBR	Eric Hill	5122 Osteen St	<b>∑</b> IAdd
		Jacksonville Fl 32210	□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	🗆 Add
			□Remove
		<del></del>	□Change
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n effe ote:	Fe date, if other than the date of filing: $\frac{3}{23}$ $\frac{3}{2020}$ (optional) crive 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 as ent's effective date on the Department of State's records.
ecord is file	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 ed.
ted _	·
	Signature of a member or authorized representative of a member
	ケーノ こし ロンレ
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Roderick Harris  Typed or printed name of signee

Filing Fee: \$25.00