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| Special Instructions to I | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|--|---|---|
| SPD LOC | HSTICS LLC | | |
| SUBJECT: | | | |
| | Name of Lin | nited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | BRIAN PEDDIE | | |
| | . | Name of Person | |
| | SPD LOGISTICS LLC | | |
| | | Firm/Company | - n - p - m - 1 - m - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | 405 NE 4TH AVE | | |
| | | Address | |
| | GAINESVILLE, FL 3260 | 10 | |
| | BRIAN.PEDDIE1975@G | City/State and Zip Code MAIL.COM | |
| | E-mail address: (| to be used for future annual report no | tification) |
| For further information | concerning this matter, please c | all: | |
| Brian Peddie | | 352 682-9645 | |
| Name | of Person | at () Area Code Dayti | me Telephone Number |
| | | | · |
| Enclosed is a check for t | the 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 | | Street Address: | |
| Registration | | Registration S | |
| P.O. Box 63 | Corporations 27 | Division of Co The Centre of | • |
| Tallahassee, | | | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

1,22 A 1 31 AH 9: 13

| (<u>Name of the Limited Liab</u> (A Flori | ility Company as it now appears on our records da Limited Liability Company) | <u>·-</u>) |
|--|---|------------------------------|
| The Articles of Organization for this Limited Liability Florida document number | Company were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lir | mited liability company here: | |
| The new name must be distinguishable and contain the words "Li | mited 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 ADD | ORESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here: | ed office address on our records, <u>enter (</u> : | the name of the new regi |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | | |
| | . Flo | rida Zip Code |

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address Control of the Control | Type of Action |
|--------------|---------------|---|----------------|
| AMBR | Daniel Shaw | Address 2029 AC + 0 701 9: 8 16338 Tarpon Drive | |
| | | Pensacola, FL 32507 | = Add |
| | | | □Remove |
| | | | 57 Cl |
| AMBR | Edward Desser | 110 Front Street | □ Change |
| | | | ≡ Add |
| | | Suite 300 | □Remove |
| | | Jupiter, FL 33-477 | |
| | | | □ Change |
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| fective date, if other than th | e date of filing: (optional) | |
| n effective date is listed, the date mu te: If the date inserted in this b | te date of filing: | 605.0201 Histed as |
| cument's effective date on the I | Department of State's records. | |
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| ecord specifies a delayed effecti is filed. | ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day | after the |
| August 26 | 2020 | |
| ited | | |
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Typed or printed name of signee