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S. PRAT

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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	AStings Name of Lim	LoCustice 4	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:	
	ERIC	MyCLS Name of Person	
	HASTINGS	Lows Lic	LLC
		RICKSON AU	
	HASTIN	Sty/State and Zip Code Sty/State and Zip Code Sty/State and Zip Code To be used for future annual report notifications.	2145
	Emy CR.	S 1948 W C- r to be used for future annual report notif	naic. Com.
For further information of	concerning this matter, please co		
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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 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 TO ARTICLES OF ORGANIZATION OF

HASTINO	is Logistic	LLC.
(Name of the Limited L.	ability Company as it now appears on our re- lorida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabil Florida document number $\frac{L/900000}{}$	lity Company were filed on <u>Pecc</u>	FIR 2
This amendment is submitted to amend the following	uŘ:	SSSE.
A. If amending name, enter the new name of the	e limited liability company here:	PH D
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	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida strect a	ddress
-		, 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 = 1 $AMBR = 1$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ERIC MYCRS	10720 ERICKSON,	406 Add
	,	10720 Exickson, HAStings FL.	Remove
		32145	Change
MGR	Cristal Kile		
			Remove
			Change
			
			Remove
			Change
			Add
		<u> </u>	□ Remove
			Change
			Remove
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_ Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Dated 25 - 0 3 2019 Signature of a member or authorized representative of a member			
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