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Amend

JUL 1 9 2019 I ALBRITTON

COVER LETTER

Division of Cor	porations		
SUBJECT:	Marathon Name of Lim	Logistics and t	touling
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Fare	ed Johnson Name of Person	 .
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
	Johnson	fmr@Imail.c	om
		to be used for future annual report notif	ication)
	oncerning this matter, please ca	all:	
turced	John Son	at (<u>352</u>) <u>222</u> .	- 4192 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
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

10	
ARTICLES OF ORGANIZATION	
OF	

Marathan Logis (Name of the Limited Liability Compar (A Florida Limited L	tics and Hauring LL C ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000131175</u>	were filed on May 15, 2014 and assigned
This amendment is submitted to amend the following:	£.,
A. If amending name, enter the new name of the limited liabi	l <u>ity company here</u> :
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) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document i

If Changing Registered Agent, Signature of New Registered Agent

$\underline{or\ removed\ from\ our\ records};$

MGR = Manager

AMBR = Authorized Member

Title 90 AMBIR	Name	Address	Type of Actio
Orner AMBIC	Forced Johnson	3324 W University Av	<u>P</u> □ Add
		#239	Remove
	·	Gaines Ville, FL 32007	☐ Change
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f an effect Note: - If	tive date is listed, the dithe date inserted in	an the date of filin ate must be specific and this block does not a the Department of S	d cannot be prior to do neet the applicable	ate of filing or more t statutory filing rec	(options) han 90 days after fili quirements, this da	ng.) Pursuant to 605.0
		we a permitted to the				
		elayed effective of record is filed.		n effective time	e, at 12:01 a.m	n. on the earlier
Dated	July	9	2019			
	——————————————————————————————————————	Signature of a	member or authorize	d representative of a	member	
	F	- urced	Soh Typed or printed no	nson		
	<u></u>		Typed or printed na	me of signee		

Page 3 of 3

Filing Fee: \$25.00