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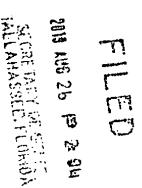
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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7. 7. ...

COVER LETTER

PALM SUBJECT:	BEACH LOGISTICS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
	CHRISTOPHER BELSHA	A	
		Name of Person	
	PALM BEACH LOGISTI	CS, LLC	
		Firm/Company	
	10301 GREENHEDGES I	- ·	
		Address	
	TAMPA, FL 33626		
	CHRIS@PALMBEACH-L	City/State and Zip Code OGISTICS.COM	
	E-mail address: (to be used for future annual report notif	fication)
For further informati	ion concerning this matter, please ca	all:	
CHRISTOPHER BI	ELSHA	813 629-1974 at ()	
Na	ame of Person		e Telephone Number
Enclosed is a check	for the following amount:		
S25.00 Filing Fe	ce \$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

TO:

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

PALM BEACH LOGISTICS, LLC

(Name of the Limited Liability Company as it now appears on our record)

(A Florida Limited Liability Company)

A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Lip Code	The Articles of Organization for this Limited Liabi Florida document number	·		AUS 26 P RETARY OF AHASSEE, F	
Enter new principal office 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 address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	A. If amending name, enter the new name of th	e limited liability compa	any here:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	The new name must be distinguishable and contain the words	s "Limited Liability Company	," the designation "L	LC" or the abbr	eviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Enter new principal offices address, if applicable	e:			<u> </u>
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida	(Principal office address MUST BE A STREET A	(DDRESS)			
New Registered Office Address: Enter Florida street address , Florida	(Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or	registered office addre	ess on our reco	rds, <u>enter</u> th	ie пате of the п
Enter Florida street address , Florida					
	THE PARTY OF THE P	En	ter Florida street add	ress	
City Zip Code				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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> CHRISTOPHER BELSHA	Address 10301 GREENHEDGES DR	Type of Action
AMBR			Add
	ТАМРА, FL 33626		
			■ Change
AMBR	JESSICA BELSHA	10301 GREENHEDGES DR	-
<u></u>		TAMPA, FL 33626	■ Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
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		Add	
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		Add	
			□ Remove
			☐ Change

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Effective date, if other than the d f an effective date is listed, the date must be Note: If the date inserted in this bloe document's effective date on the Dep	late of filing:
e record specifies a delayed on the footh day after the recor	effective date, but not an effective time, at 12:01 a.m. on the earlier or rd is filed.
Dated AUGUST 1ST	2019
Jaicu	
S	signature of a member or authorized representative of a member
CHRISTOPHER BELSHA	A
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00