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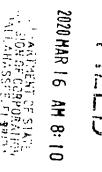
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MAR 31 1020 S. YOUNG

## **COVER LETTER**

	ision of Cor								
SUBJECT:		ISTICS LLC							
SUBJECT.		Name of Lim	ited Liability Company						
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please return	all correspo	ndence concerning this matter	to the following:						
		WILLIAM M POLLARD							
			Name of Person						
		AMS LOGISTICS LLC							
			Firm/Company	<del> =</del>					
		1242 SW PINE ISLAND I	RD STE 42 #369						
			Address						
		CAPE CORAL, FL 33991							
			City/State and Zip Code						
		WILLYMWILLY3@GMA							
			to be used for future annual report	( notification)					
For further i	nformation c	oncerning this matter, please ca	all:						
WILLIAM M POLLARD		239 <b>826-39</b> 4	16						
	Name o	f Person	Area Code Da	ytime Telephone Number					
Enclosed is	a check for th	ne following amount:							
□ \$25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
	iling Addres gistration S		Street Addres Registration						
	_	orporations		Corporations					
	D. Box 632		The Centre of Tallahassee						

The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMS LOGISTICS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/05/2020 Florida document number \_\_1.20000042561 This amendment is submitted to amend the following: 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 "L.L.C." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

Cur

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
MGR	WILLIAM M POLLARD		🗆 Add
		5332 centernial Blvd Lehigh Acres, 1	7 33971
			Change
AMBR	WILLIAM M POLLARD	5332 Centennial Bird Lehigh Acres, FE	3397 € Add
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			T.C.

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