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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PREMIER AUT Name of Lin	O LOG(STI (S LLC nited Liability Company
The enclosed Articles of Amendment and fee(s) are suf-	bmitted for filing.
Please return all correspondence concerning this matter	r to the following:
RODWE	L LAWRENCE Name of Person
PREMIER	AUTO LOGISTICS LLC Firm/Company
133 CYP	RESS TRACE
ROYAL PI PREMIER	AUM BEACH, FL 3341) City/State and Zip Code LOG1106MAIL: COM
E-mail address: (For further information concerning this matter, please e	(to be used for future annual report notification)
RODULI LAWYENCE Name of Person	at (<u>561</u>) <u>506-2690</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
, and a company is a company in the	2772 14. Monroe Breet, Butte 610

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIER AUTO LOGISTICS LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Li	y as it now appears on ou ability Company)	or records.)	
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{L2000051223}{}$	vere filed on 21.	3 2020 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:	11.	
PREMIERE LDG ISTICS The new name must be distinguishable and contain the words "Limited Liability".	y Company," the designati	ion "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 office adagent and/or the new registered office address here:	ldress on our records	s, enter the name of the new regis	— — ctered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	et address	
	City	, Florida Zip Code	_
New Registered Agent's Signature, if changing Registered Agent:	·	,	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my dui ovided for in Chapter	ties, and I am familiar with and r 605, F.S. Or, if this document i.	

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 oz retnoved from our records:

MGR =	Manager
43 CO D -	A

AMBR = Authorized Membe	Ā	.\	Į	BR	=	Au	the	rized	$1 M_0$	embe
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<u>Title</u>	<u>Name</u>	Address	Type of Action
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5/8/2020		
fective date, if other than the date of filing:	(optional) rior to date of filing or more than 90 days after filing.) Pursu	ant to 605.020
ote: If the date inserted in this block does not meet the appointment's effective date on the Department of State's reco	olicable statutory filing requirements, this date will no	ot be listed a
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ecord specifies a delayed effective date, but not an effective	e time, at 12:01 a.m. on the earlier of: (b) The 90th	day after the
is filed.		•
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ned May 08 20	<u> </u>	
Signature of a member or a	thorized representative of a member	