## LZO 0000 82825

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## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	D Oaks Logis	stics LLC	, ·	
SUBJECT.		nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	<del></del>	Karolyn Young Name of Person		
		value of 1 cison		
		Oaks Logistics LLC		
		Finn/Company		
	3400	Davie Road Unit #506		
		Address		
		Davie FL 33314		
		City/State and Zip Code		
	Doaks	logisticsllc@gmail.com		
	E-mail address: (	to be used for future annual report no	tification)	
For further information of	concerning this matter, please c	all:		
Daune McNei	l Petit	at (954 ) 60590	)69	
	of Person		ne 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 Addre		Street Address:		
Registration Section Division of Corporations		_	Registration Section Division of Corporations	
P.O. Box 632	=		The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810	

Tallahassee, FL 32303

## ,ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D Oa	aks Logistics LLC	2323 Y. 31 b	11 4: 02
	Liability Company as it now app Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L20000082825</u>	ility Company were filed on	03/16/2020	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liability company	here:	
The new name must be distinguishable and contain the word  Enter new principal offices address, if applicab		e designation "LLC" or the a	ibbreviation "L.L.C."
(Principal office address MUST BE A STREET)	ADDRESS)		
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 office address !		r records, <u>enter the nai</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:	3400 Davie Road Un	it #506 Florida street aklress	
	Davie	Florida _	33314 Zip Code
New Registered Agent's Signature, if changing Reg	istered 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 2000 AU 31 Pi. 4: 02	Type of Action
MGR	Charmaine Beeput Jackson	404 NW 68th Ave	
		Plantation FL 33317	<b>⊠</b> Remove
			□Change
MGR	Karolyn Young	3400 Davie Road Unit #506	<b>X</b> JAdd
		Davie FL 33314	□Remove
			□Change
		<del> </del>	Петюve
			□Change
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			∏Change

	2020 AU C. T.1 4: 02
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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and canno	ot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 the applicable statutory filing requirements, this date will not be listed as the
record specifies a delayed effective date, but not an eff d is filed.	fective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated June 30th 2	D. Marci   Bli
	D. Mari Blil
	er or authorized representative of a member
D:	aune McNeil Petit
	d or printed name of signee