L20 000083155

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COVER LETTER

	egistration Sec ivision of Corp			
SHD IECT		AR LOGISTICS LLC		
SUBJECT	·	Name of Limi	ted Liability Company	
The enclos	ed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please retu	rn all correspon	dence concerning this matter	to the following:	
		MAYGRELIN YACKEL		
			Name of Person	
			Firm/Company	
		9802 BAYMEADOWS RI	O SUITE 12-148	
			Address	
		JACKSONVILLE, FL 322		.,
		MAY.YACKEL@GMAIL.		
		E-mail address: ()	to be used for future annual report	notification)
For further	information co	ncerning this matter, please ca	ill:	
		Person	at () Area Code Day	aim. Tolasham Number
	Name of	Person	Area Code Day	ame Telephone Number
Enclosed i	s a check for the	e following amount:		
□ \$25.00) 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

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 0.1.010

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

" 315 dille d

GREAT BEAR 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 L	iability Company were filed on $rac{\Lambda}{2}$	March 16, 2020	and assigned
Florida document number L0000083155	·		
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :	
PRIVATE EYE INVESTIGATIONS, LLC			
The new name must be distinguishable and contain the v	words "Limited Liability Company," the	designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on our	records, enter the name	e of the new registered
Name of New Registered Agent:	MARTIN YACKEL		
New Registered Office Address:	9802 BAYMEADOWS RD, SU	TTE 12-148	
	JACKSONVILLE	, Florida 322	256
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARTIN YACKEL	9802 BAYMEADOWS RD, SUI	= λ.4.4
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
-			□ Add
			□Remove
			□Change
		_	□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change

Note: If the date inserted	than the date of filing:
	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
he record specifies a delaye ord is filed.	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00