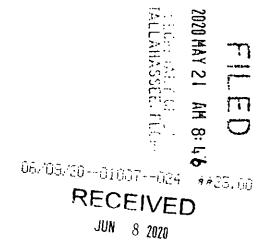
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Stoke to Ticker Brisar advised to make corrections.
corrections.
6/12/20

Office Use Only



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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corpo	rations		
SUBJECT: The		Logistics Ser	vice UC
	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ience concerning this matter	to the following:	
	Trace	y Brusson Name of Person	
		Firm/Company	
	4409	HOFFMAR AVE	#336
	E-mail address: (City/State and Zip Code US M - US P @ G M ty be used for futurannual report notif	ication)
For further information con	cerning this matter, please co	all:	
Va Cla	Brysm	at (239) 628 - Area Code Daytime	7182: Telephone Number
	1		
Enclosed is a check for the	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 Address: Registration Sec Division of Cor		<u>Street Address:</u> Registration Sec Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED **OF**

TITAN LOGISCTICS SERVICE, LLC

2020 MAY 21 AM 8: 46

Name of the Limited Linb	ility Company as ida Limited Liabili	it now appear ty Company)	s on our rec	erds) (Ur HASSEE, I	-t.ch.
The Articles of Organization for this Limited Liability Florida document number <u>L200014361</u>	Company were	e filed on _5	5-26-	2070	and assigned
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the li</u>	mited liability	company he	<u>:re</u> :		
TITAN LOGISTICS SERVICE, LLC		•			
The new name must be distinguishable and contain the words "L	imited Liability Co	ompany," the d	esignation "l	LC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	_				
Principal office address MUST BE A STREET ADI	DRESS)				
	_	<u>.</u>			
Enter new mailing address, if applicable:	_				
Mailing address MAY BE A POST OFFICE BOX)					
	-				
3. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:		ess on our r	ecords, <u>en</u>	ter the nam	e of the new registere
				•	
New Registered Office Address:		Enter Flor	ida street ad	dress	
				Florida	
		City			Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:				
hereby accept the appointment as registered agerorovisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete perf l agent as provi ered office addi	ormance of ided for in C	my duties Chapter 60	, and I am j 95, F.S. Or,	familiar with and if this document is
-	If Changing	Registered Ag	ent, Signatu	re of New Re	gistered 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

Title	<u>Name</u>	Address	Type of Action
MGR	Tracey Bryson	4409 HOFFnerNE, #33	6 €Add
	J	4409 HOFFnerNE, #33	□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			🗖 Add
			□Remove
			□Add
			🗆 Remove
			□Change
			□Remove
			□Change

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	RA address 4409 Hoffier Ave#336 Orlando, Fl 32812
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(If an effec Note: 1	the date, if other than the date of filing:
ne record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	Jace Brown Rignature of a member or authorized representative of a member TVACEY BYST Typed or printed name of signee
	Signature of a member or authorized representative of a member
	IVACEY DILLON

. . . .