

L20000163987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

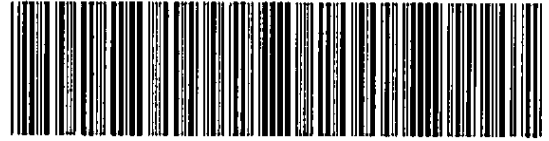
(Document Number)

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DIVISION OF CURR. TAXES  
21 MAR 22 PM 3:55

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WYLES LOGISTICS LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sonia Becerra  
Name of Person

Swyft Filings, LLC  
Firm/Company

3 Greenway Plaza #1320  
Address

Houston, Texas 77046  
City/State and Zip Code

filings@swyftfilings.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonia Becerra at (877 ) 777-0450  
Name of Person 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 & 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATION

WYLES LOGISTICS LLC

21 MAR 22 PH 3: 55

\_\_\_\_\_  
(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 06/15/2020 and assigned Florida document number L20000163987.

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 "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

304 E Pine St

**(Principal office address MUST BE A STREET ADDRESS)**

Lakeland FL 33801

**Enter new mailing address, if applicable:**

304 E Pine St

**(Mailing address MAY BE A POST OFFICE BOX)**

Lakeland FL 33801

**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*

Florida

*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

FLORIDA  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATION

21 MAR 22 PM 3: 55

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Chelsea Chapman	304 E Pine St	<input checked="" type="checkbox"/> Add
		Lakeland Fl 33801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANGELA ROSE	304 E Pine St	<input checked="" type="checkbox"/> Add
		Lakeland Fl 33801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANGELA ROSE	1601-1 N MAIN ST #3159	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32206	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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