L2\$0000179939

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: FA	miliar Logis-	tics LLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Jesus	Daniel Frias Name of Person	
		Name of Person	
	Frie	Finn/Company	
		Finn/Company	
	32071 Wa-	toga Loop	
	Wesley cha	Pel, FL 3: City/State and Zip Code	3543
	info	City/State and Zip Code City/State and Zip Code	(0 40
		to be used for future annual report	
For further information co	ncerning this matter, please ca	all:	
Jesus Daniel	Frias	at (714) 93 Area Code Da	36 3391
Name of	Person	Area Code Da	ytime 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Distics L.L.C.	
(Name of the Limited Liabit (A Florid	ity Company as it now appears on our records a Limited Liability Company))
The Articles of Organization for this Limited Liability (Florida document number <u>L 20000179939</u>	Company were filed on June 26,	2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Frias Bunch 1		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	a onice address on our records, <u>enter t</u>	ne name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	.)
	, Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	* .
hereby accept the appointment as registered agent provisions of all statutes relative to the proper and o accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties, and agent as provided for in Chapter 605, F ed office address, I hereby confirm tha	d I am familiär with and F.S. Or, if this document is
	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
			□Add
			Петюvе
			□Change
			□Add
			Пстюче
			□ Change
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			□Change
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			□Remove
			□Change
			□Add
			□Rcmove
			□Change

lf amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	
_	
_	
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-	
(If an effect Note: I	e date, if other than the date of filing:
the 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 di.
Dated _	February 16th, 2021
	Pers Danie 2
	Signature of a member or authorizant representative of a member
	Jesus Daniel Frias
	Typed or printed name of signee