# LZ0 000 180450

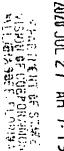
| (Re                     | questor's Name)    |             |  |
|-------------------------|--------------------|-------------|--|
| (Ad                     | ldress)            | <del></del> |  |
| (Ad                     | ldress)            |             |  |
| (Cit                    | ry/State/Zip/Phone | #)          |  |
| PICK-UP                 | ☐ WAIT             | MAIL        |  |
| (Bu                     | isiness Entity Nam | ne)         |  |
| (Document Number)       |                    |             |  |
| Certified Copies        | _ Certificates     | of Status   |  |
| Special Instructions to | Filing Officer:    |             |  |
|                         |                    |             |  |
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Office Use Only



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07/27/20--01091--004 \*#25.00



SEP 1 6 2020 S. YOUNG

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

JSWAN RAPID LOGISTICS, LLC SUBJECT: 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: DAVID JSWAN Name of Person JSWAN RAPID LOGISTICS, LLC Firm/Company 4289 Carroll Drive Address Jacksonville, FL 32209 City/State and Zip Code JSWANRAPID@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David Swan Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$30,00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISWAN RAPID 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 June 26, 20     | 20 and assigned                      |                   |
|--|----------------------|-------------------------------|--------------------------------------|-------------------|
| Florida document number L20000180450   | <u> </u>             |                               |                                      |                   |
| This amendment is submitted to amend the following                                       | owing:               |                               |                                      |                   |
| A. If amending name, enter the new name o  | f the limited liab   | ility company here:           |                                      |                   |
| NOT CHANGING   |                      |                               |                                      |                   |
| The new name must be distinguishable and contain the w                                   | vords "Limited Liabi | lity Company," the designatio | n "LLC" or the abbreviation "L.L.C." |                   |
| Enter new principal offices address, if applic   | able:                | NOT CHANGING                  |                                      | _                 |
| (Principal office address MUST BE A STREE  | T ADDRESS)           |                               |                                      | _                 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE          | <u>BOX)</u>          | NOT CHANGING                  |                                      | <u> </u>          |
| B. If amending the registered agent and/or ragent and/or the new registered office addre |                      |                               | enter the name of the new regis      | —<br><u>tered</u> |
| Name of New Registered Agent:  |                      |                               |                                      | _                 |
| New Registered Office Address:   |                      | Enter Florida stree           | 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.

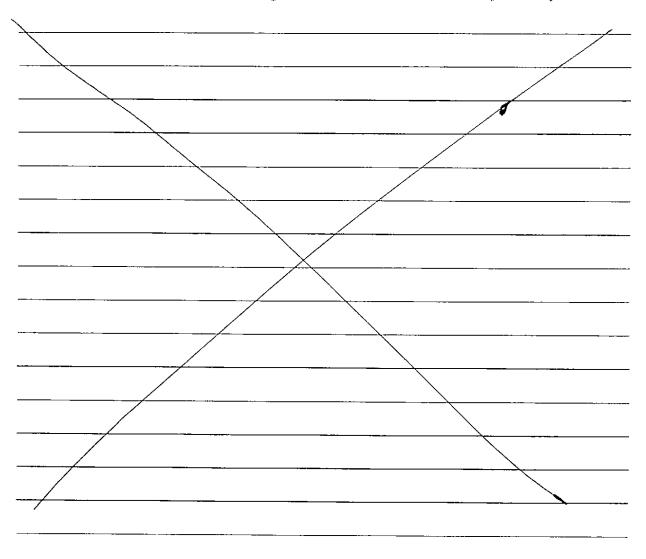
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>  | Address                                    | Type of Action |
|--------------|--------------|--|----------------|
| MGR          | DAVID J SWAN | 4289 Carroll Drive Jacksonville, Fl. 32209 | <b>=</b> Add   |
|              |              |  | □Remove        |
|              |              |  | □Change        |
|              |              |  | □ Add          |
|              |              |  | □Remove        |
|              |              |  | □Change        |
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|              |              |  | □Add           |
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|              |              |  | □Change        |
|              |              |  | □Add           |
|              |              |  | □Remove        |
|              |              |  | □Change        |

### D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)



| Ŀ. | Effective date, if other than the date of filing:                                 | (optional)   |
|----|---|--|
|    | (If an effective date is listed, the date must be specific and cannot be prior to | date of fiting or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) |
|    | Note: If the date inserted in this block does not meet the applicab               | le statutory filing requirements, this date will not be listed as the          |
|    | document's effective date on the Department of State's records.                   |  |

If the record 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 record is filed.

