120000182113

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	= #)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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Amend		

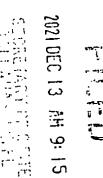
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COVER LETTER

	Registration Se Division of Cor				
CHDIEC		LOGISTICS LLC	•		
SUBJEC	1:	Name of Lin	nited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	um all correspo	indence concerning this matter	to the following:		
		ANDY LAZARO CHARI	LES GONZALEZ		
			Name of Person		
		CHARLES LOGISTICS	LLC		
			Firm Company		
		8202 NW 98TH STAPT 4	02		
			Address		
		HIALEAH GARDENS, F	L 33016		
			City/State and Zip Code		
		allstatecarrierservices@gma			
		E-mail address: (to be used for future annual report notification)		
For furthe	er information c	oncerning this matter, please e	all:		
ANDY L	. CHARLES GO	ONZALEZ	832 988-2982 at ()	S 22	
	Name o	f Person	Area Code Daytime Telepho	ne Number :: 7 DEC	emplements
Enclosed	is a check for th	ne following amount:		- 学文 G	ا (5 (14 ز ع بصر
≡ \$25 0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	S60.00 Filing Feet Certificate of Status & O Certified Copy (additional copy is pickesed or	

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**

	10		
ARTICLES (OF ORGANIZATIO	N	
	OF		
CHARLES LOGISTICS LLC			
(<u>Name of the Limited Liability</u>) (A Florida Li	Company as it now appears on imited Liability Company)	our records.)	The Ru
The Articles of Organization for this Limited Liability Cor	mpany were filed on $\frac{06/29}{}$	<u> </u>	and assigned 5
Florida document number <u>L20000182113</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
	·—·		
The new name must be distinguishable and contain the words "Limited	ed Liability Company," the design	ation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE,	<u>(2.5.5)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
,	-		
B. If amending the registered agent and/or registered o	office address on our recor	ds, enter the na	ame of the new registered
agent and/or the new registered office address here:			The state of the s
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st		
	emer Piortau si	rea dairess	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:		
I hereby accept the appointment as registered agent an	nd agree to act in this capa	city. I further a	agree to comply with the
provisions of all statutes relative to the proper and con			
avcept the obligations of my position as registered ages			
being filed to merely reflect a change in the registered company has been notified in writing of this change.	ojjice adaress, I hereby co	mjirm that the	umited napility
company has reen mayica in brining of this change.			
7	If Changing Registered Agent, S	Signature of V	Dagietavad Luant
	in changing registered Agent, 5	nghalure of ivew l	registeren regent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANDY L CHARLES GONZALEZ	8202 NW 98TH STAPT 402	
		HIALEAH GARDENS, FL 33016	□Remove
			□Change
			□Add
			□ Remove
			\(\textstyle \t
			□Add
			□Remove
			Remove
			Remove
			Change
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I NEED TO UPDATE M	Y EIN # TO NEW EIN 85-1855763
	
	
	
(=== , , , , , , , , , , , , , , , , , ,	
ffective date, if other than t	the date of filing: (optional)
an effective date is listed, the date n	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ocument's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as a Department of State's records.
record specifies a delayed effec	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	and the carrier of the sound and the carrier of the sound and the
DEC 06	2021

Filing Fee: \$25.00

Typed or printed name of signee