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2021 NOV 15 PM 2: 56

COVER LETTER

TO:

Registration Section
Division of Corporations

BIG TIME SUBJECT:	PICKERS LLC	,	
30BJEC1	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Jacob W The Losen		
		Name of Person	
		F:(C	
	2255 NW 4th Pl	Firm/Company	
	Gainesville, FL, 32603		
	inneh shalanan l Quancil ann	City/State and Zip Code	
	jacob.thelosen1@gmail.com E-mail address: (n to be used for future annual report not	fication)
For further information c	concerning this matter, please c	all:	
Jacob W The Losen		352 246-2427 at ()	
Name of Person		Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9 Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassec, FL	rporations Fallahassee e Street, Suite 810

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

company has been notified in writing of this change.

BIG TIME PICKERS LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited Liability Company vi Florida document number L20000234935	vere filed on August 4.	2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
AUTOMATED PICKING SYSTEMS LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		517
B. If amending the registered agent and/or registered office ad		
B. If amending the registered agent and/or registered office ad	ldress on our records,	enter the name of the new register
agent and/or the new registered office address here:		S PE D
Name of New Registered Agent:		10 N
New Registered Office Address:		56
	Enter Florida stree	t address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		

If Changing Registered Agent, Signature of New Registered Agent

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

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

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
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			Change
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	•		□ Change

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Jacob W The Losen	.00	Signature of a member o	r authorized represer	ntative of a member		_
	Jacob W The Losen					

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