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## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations		
· SUBJECT:	Bryant Trust Logistics LLC.			
		Name of Lin	nited Liability Company	
T. 1	1 4 2 1 2			
The enclosed	a Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Jeanine C. Bryant		
			Name of Person	<del></del>
		Bryant Trust Logistics LL0	C.	
			Firm/Company	
		515 N. Flagler Dr. Suite P	300	
		<del></del>	Address	
		West Palm Beach, FL 3340	01	
			City/State and Zip Code	
		bryanttrustlogisticslle@gma		
For further in	nformation c	oncerning this matter, please c	to be used for future annual report no all:	ouncation)
Jeanine Brya	ant		917 693-4866	
	Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
	iling Addres		Street Address:	
	gistration S cision of C	Section Torporations	Registration S Division of C	
	D. Box 632	-	The Centre of	-
Tal	Hahassee, I	FL 32314		roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2011 CT 70 6:04

If Changing Registered Agent, Signature of New Registered Agent

Bryant Trust Logistics LLC.

(Name of the Limited Liability Company as it now appears on our records.)

(A Piorida Limited)	raminy Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000246332}{2.0000246332}$ .	were filed on August 12, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	515 N. Flagler Dr. Suite P300	
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FL 33401	
Enter was mailing address if any limble.	515 N. Flagler Dr. Suite P300	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	West Palm Beach, FL 33401	
inuming undress SEAT BE AT OST OFFICE BOX		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new registered
New Registered Office Address:	<del></del>	
	Enter Florida street address	
<del></del>	, Flori	da Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	2.φ с о.а
I hereby accept the appointment as registered agent and agre		

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

Title	<u>Name</u>	Address COM CONTROL	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
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			□Change
		<del></del>	□Add
			□Remove
			□ Chanas

	<del>-</del>
-	<del></del>
etive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be present of the date inserted in this block does not meet the appument's effective date on the Department of State's reconstruction.	(optional) ior to date of filing or more than 90 days after filing.) Pursuant to 605,020 licable statutory filing requirements, this date will not be listed a ds.
ord specifies a delayed effective date, but not an effective filed.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d August 24 2020	·
Q	
Signature of a member or an	thorized representative of a member