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(Rec	questor's Name)	
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2020 OCT 26 PM 1:58

			COVER LETTER	
TO:	Registration Se Division of Cor			
/	LPL LOGI	STICS LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
37	la a d'Aladala a C		. 16 GV	
		Amendment and fee(s) are sub ondence concerning this matter	-	
		LUCIANNA PIERRE-LO	UIS	
			Name of Person	
		LPL LOGISTICS LLC		
			Firm/Company	
		615 S PINE STREET		
			Address	
		LAKEWORTH, FL 33460		
			City/State and Zip Code	
		lplouis80@gmail.com	to be used for future annual report notifi	cation)
For furth	ner information co	oncerning this matter, please ca	•	
	a Pierre-Louis		561 6355078	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed	I is a check for th	ne 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 S		Street Address: Registration Sec	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

LPL LOGISTICS LLC

2020 OCT 26 PH 1:58

(Name of the Limited L.	ability Company as it now appears on our reco lorida Limited Liability Company)	ME ARETARY OF STATE
(A F	ionda Limited Liability Company)	TALLAHASSES, FL
The Articles of Organization for this Limited Liabil	ity Company were filed on 08/19/2020	and assigned
Florida document number 1.20000255315		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	;	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		··· <u>·</u>
B. If amending the registered agent and/or registagent and/or the new registered office address he		er the name of the new regis
gent angror the new registered office address ne	<u>r.</u>	
Name of New Registered Agent:		
	1	
New Registered Office Address:	Enter Florida street addr	ress
		71
	City	Florida 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>	<u>Address</u>	Type of Action
			□Remove
			□ Change
<u> </u>			
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			□Add
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