

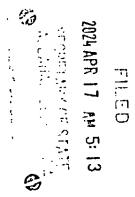
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☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
on	
Registration Section Division of Corporations	
lahassee Street, Suite 810	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOUBLEGEE LOGISTICS	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 08/31/2020 and assigned
Florida document number L20000269995	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
DOUBLEGEE ENTERPRISE LLC	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7901 4th St Nste 300St. Petersburg: FL 33702
Principal office address MUST BE A STREET ADDRESS)	2024
	. 2- 9 A
Enter new mailing address, if applicable:	7901 4th St Nste 300St. Petersburg, FL 33702
Mailing address MAY BE A POST OFFICE BOX)	m n n n n
•	9 3
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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		•	
		·	□Change
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	V		□ Change

ffective date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 fore; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. 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 dis filed. APRIL 9 2024 Signific of a member or authorized representative of a member GUILAINE GUILLAUME	f amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Signature of a member or authorized representative of a member	ated APRIL 9	, <u>2024</u>
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GUILAINE GUILLAUME		Signature of a member or authorized representative of a member
	GUILAI	INE GUILLAUME

Filing Fee: \$25.00