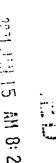
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only





## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

	**WALK IN**
S LOGISTICS LLC	
***************************************	
**PLEASE FILE THE ATTACHED AND RETURN**	
Plain Copy	20
Certified Copy	
Certificate of Status	
CLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
Certified Copy of Arts & Amendments	
Certificate of Good Standing	
**APOSTILLE' / NOTARIAL CERTIFICATION**	
ON	
TES REQUESTED	
ACCOUNT #: 12016000007	2
a above number for our jeense or conserve. Thank was	10 mush/
	Certificate of Status  PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certificate of Good Standing  **APOSTILLE' / NOTARIAL CERTIFICATION**  TES REQUESTED  ACCOUNT #: 120160000007

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stuffs Logistics LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our record ed Liability Company)	<u>ls.</u> }
The Articles of Organization for this Limited Liability Compa	ny were filed on 09-21-2020	and assigned
Florida document number L20000296721		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered	office address on our record	s, enter the name of the nev
registered agent and/or the new registered office address b	nere:	
		第三 三
Name of New Registered Agent:		8. The 2
New Registered Office Address:		निसं ज
New Registered Office Address.	Enter Florida street addres	xx
	មា	orida
<del>-</del>	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 Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Ebony Joy Saunders	8312 Cavalry Dr	
		Hudson. FL 34667-2511	<b>■</b> Remove
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If the date inserted in this	the date of filing:	icable statutory filir	(option: nore than 90 days after filing g requirements, this day	ing.) Pursuant to 605.02
ecord specifies a delay ne 90th day after the r	yed effective date, but necord is filed.	ot an effective	time, at 12:01 a.n	n. on the earlier
ed	2021	<del></del> ·		
	Saunders Signature of a member or aut			
			1 - 1 1 11 113,2111 113,21	

Page 3 of 3

Filing Fee: \$25.00