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| (Requestor's Name) |
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| ☐ PICK-UP ☐ WAIT ☐ MAIL |
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| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only

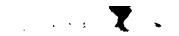


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COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: LOGISTIC | S AUTO SALES LLC | | | | |
|----------------------------------|---|---|--|--|--|
| | Name of Lim | ited Liability Company | 2023 | | |
| | | | 3 JUH 2 | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | 2023 JUN 2 1 PM | | |
| | | - | <u> </u> | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
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| | ORLANDO CASTILLO | | | | |
| | | Name of Person | | | |
| | | | | | |
| | Firm/Company | | | | |
| | | | | | |
| | | Address | | | |
| | | | | | |
| | | City/State and Zip Code | | | |
| | LOGISTICSAUTOSALES | _ | | | |
| For further information c | concerning this matter, please c | to be used for future annual report notifica all: | ноя) | | |
| | | | | | |
| ORLANDO CASTILLO Name of Person | | at (845) 6486642 Area Code Daytime Te | elephone Number | | |
| , white (| T CANA | Alva Cook 123yiliik K | er prone Number | | |
| Enclosed is a check for the | he 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 Addres | | Street Address: | | | |
| Registration ! Division of C | | Registration Section | | | |
| DIVISION OF C | огрогацоня | Division of Corpo | rations | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUH 2 I

| LOGISTICS AUTO SALES LLC | | | - | د مختب د ک |
|---|---|---|----------------------------------|---------------------|
| (Name of the Lim | ited Liability Comp (A Florida Limited | pany as it now appears of i Liability Company) | on our records.) | 23 |
| The Articles of Organization for this Limited I | iability Compan. | y were filed on OCT | OBER 2, 2020 | and assigned |
| forida document number L20000312455 | · | | | |
| his amendment is submitted to amend the fol | lowing: | | | |
| a. If amending name, enter the new name | of the limited lia | bility company here | ;: | |
| PALMS AUTO SALES & WHOLESALES LLC | | | | |
| The new name must be distinguishable and contain the | words "Limited Liab | bility Company," the desi | gnation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 6428 123RD AVE N #15 LARGO FL 33773 | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | | | |
| Enter new mailing address, if applicable: | | 6428 123RD AVE | EN#15 LARGO FL 3 | 3773 |
| Mailing address MAY BE A POST OFFICE | BOX) | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addrosed agent and/or the new Registered Agent: | registered office ess here: | address on our rec | ords, <u>enter the nam</u> | e of the new regist |
| No. Do. 144 34500 4 11 | 6428 123RD | AVEN#15 | | |
| New Registered Office Address: | | | ı street address | |
| | LARGO | | Florida _ ³³ | 773 |
| | · | 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:

, . **T** . . .

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| fective date, if other n effective date is listed, ote: If the date inserte cument's effective da | the date must be specified in this block does | ic and cannot be prio not meet the appli | τ to date of filing or cable statutory fil | more than 90 days a | ptional) ifter filing.) Pur this date will | suant to 605.020 not be listed a |
| ecord specifies a delay is filed. | red effective date, bu | nt not an effective | time, at 12:01 a.n | i. on the earlier of | (b) The 90 | th day after th |
| ted JUNE 16 |)V/1.10 | 2023 | -1/0 | | | |

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Filing Fee: \$25.00