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COVER LETTER

TO:

Registration Section **Division of Corporations**

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT:	PREMIER LOGISTICS, LLC	5. (1) (1) (2) (1)	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	TREON DUVAL		
		Name of Person	
	DUVAL PREMIER LOGI	STICS, LLC	
		Firm/Company	
	108 9TH AVE EAST		
		Address	
	BRADENTON FL 34208		
		City/State and Zip Code	
	DPLOGISTICS1002@GM.	AIL.COM	
	E-mail address: (to be used for future annual report notific	cation)
For further information	concerning this matter, please c	all:	
TREON DUVAL		813 7660044	
Name	of Person	at () Area Code Daytime '	Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addr</u> Registration		<u>Street Address:</u> Registration Sect	ion

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

DUVAL PREMIER LOGISTICS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10/05/2020}{10/05/2020}$ Florida document number 1.20000312782 This amendment is submitted to amend the following: 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 "LLC" or the abbreviation "LLC"." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _____, Florida ____

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
MGR	NATASHA MUNIZ LOPEZ	17212 YELLOW PINE STREET	□Add
		WIMAUMA, FL 33598	■Remove
			□ Change
			🗆 Add
		-	□Remove
			□Change
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Effective date, if other than the date	of filing:		(optional)	
Effective date, if other than the date (If an effective date is listed, the date must be sp. Note: If the date inserted in this block document's effective date on the Departn	ecific and cannot be prio ses not meet the appli	cable statutory filing re-	han 90 days after filing.) Purst	ant to 605,0207 (3) at the listed as the
ne record specifies a delayed effective date ord is filed.	, but not an effective (ime, at 12:01 a.m. on th	ne earlier of: (b) The 90th	i day after the
OCTOBER 27 Dated	2020			
Dateu	7.			
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Typed or printed name of signee