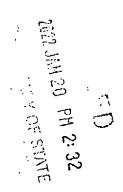
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(Requestor's Na	ame)
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(City/State/Zip/F	Phone #)
PICK-UP WAI	T MAIL
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(Document Num	nber)
Certified Copies Certified	cates of Status
Special Instructions to Filing Officer	:



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A RIVERS

Office Use Only



December 6, 2021

KERLA SAINT-LOUIS 1102 4TH AVE. N. UNIT 3 LAKE WORTH, FL 33460

SUBJECT: SPECIALIZED TRANSPORT LOGISTICS LLC

Ref. Number: L20000315709

We have received your document for SPECIALIZED TRANSPORT LOGISTICS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 121A00029216

Alecia Rivers Regulatory Specialist II

## COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Section Division of Corporations	RECEIVED
SUBJE	CT: Specialized Name of Lin	Trunsport Lobis 1=12022 JAN 20 AM 7:35
	losed Articles of Antendment and fee(s) are su	<del>*</del>
Please i	eturn all correspondence concerning this matte	r to the following:
	<u>Meriu</u> s	Name of Person
	<u>Speciali</u>	Zed Transport Lobistics LLC Firm/Company
	1102 4th p	Address
	Lake wor	Hy F1 334 60 Cny/State and Zip Code
	<u>Kerla</u> 5+10 E-mail address:	(to be used for future annual report notification)
For fur	her information concerning this matter, please	eall:
	Kerla Saint-Louis	at ( <u>772)</u> <u>475 - 3375</u> Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
.[7.52:	5.00 Filing Fee Ul \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Section	Street Address: Registration Section
	Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Specialized Trumport Logistic LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Fiorida Littined ),	naomy Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 10/16/ 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:	1/02 Ut Ave N units
(Principal office address MUST BE A STREET ADDRESS)	Luke worth F1 33460
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1465 Luke Crystul Dr Apt E Royal Pulm Beach Fl 33411 "2 2
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	20
Name of New Registered Agent: Kimke	who Keryusin
New Registered Office Address: 1965	Lake C14Stal Or Ap+ E 38 Enter Florida street address
Rajal Pa	City Secan , Florida 33411 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.

ICh in the last state of S. II in a last

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>	Name	Address	Type of Action
AMRI	KimKresha Ferguson	1465	ZAdd
• )		Kerla Saint-Louis 1102 4th AVR N unit 3 Lake worth F1 33460	□Remove
		Lake work F1 33460	🗆 Change
	·		□Add
		DZburn Amanda 1102 UH AVEN UNITS Lake work F1 33460	□Remove
		Lake Wolf F1 33460	□Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
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ote:	ive date, if other than the date of filing: 12/12/2021 (optional) ective 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 605.03 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
recor is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after illed.
ited .	12/12/2021
	Morda Soute - Dows Signature of a member or authorized representative of a member

Filing Fee: \$25.00