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| (Requestor's Name) |
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| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
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| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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000425204290

08/08/24--01013--014 *#25.00

2024 APR 10 AM 8: 29





FLORIDA DEPARTMENT OF STATE Division of Corporations

March 26, 2024

LATOYA LAWRENCE 323 RED KATE DR GROVELAND, FL 34736

SUBJECT: JARK TRANSPORT LOGISTIC LLC

Ref. Number: 000425204290

We have received your document for JARK TRANSPORT LOGISTIC 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):

Our records show no entity by this name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tammi Cline Regulatory Specialist II Supervisor

Letter Number: 324A00006455

Roc 4/10

www.sunbiz.org

COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|---|---|---|----------------------------|----------------------|
| SUBJECT: | Jarle Tra | ns port and la | gistic 20 | LC |
| | Name of Lim | ited Ciability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | La | Toya Lawience Name of Person | | 2024 APR 10 AM 8: 29 |
| | | Firm Company | | PR 10 |
| | 323 / | 2001 lute Pr Address | | SCHOOL BE |
| | | Address 1 1 1 347 3 City/State and Zip Code | 36 | 29 |
| | E-mail address; (| to be used for future annual report noti | fication) | |
| For further information c | oncerning this matter, please c | all: | | |
| naymon o | 1 Hayles | at (<u>467</u>) <u>575</u> - Area Code Daytim | 5226 e Telephone Number | |
| Enclosed is a check for the | ne following amount: | | | |
| S25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C | of Status & |
| <u>Mailing Addres</u> Registration S | | <u>Street Address:</u> Registration Se | ction | |
| District - CC | | Division of Co. | | |

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

| DARKS TO | anapart an | al logge his | LLC. |
|--|---|-------------------------------------|----------------------------|
| (<u>Name of the Limited</u> (A | Llability Company as it no Florida Limited Liability Co | ow appears on our records.) ompany) | |
| The Articles of Organization for this Limited Liab | | ed on 10/16/2007 | bengissa bna <u>6-6-</u> |
| This amendment is submitted to amend the follow | ving: | | |
| A. If amending name, enter the new name of t | he limited liability com | ipany here: | 2021 |
| The new name must be distinguishable and contain the wor | ds "Limited Liability Compa | nny," the designation "LLC" or the | he abbreviation L.C. |
| Enter new principal offices address, if applicat | ole: | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | <u> </u> |
| Enter new mailing address, if applicable: | | | 8: 29 |
| (Mailing address MAY BE A POST OFFICE B | | | · |
| (Mulling undress MAT BL AT OST OTTICE B | <u></u> | | |
| B. If amending the registered agent and/or regagent and/or the new registered office address | | on our records, enter the i | name of the new registered |
| Name of New Registered Agent: | MATOUR | LAWRENCE | |
| New Registered Office Address: | | | |
| | | Enter Florida street address | |
| | Zin. | , Florida | Zip Code |
| | Cnv | | ziji Coae |

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> | Address | Type of Action |
|--------------|-----------------------------|---|--------------------------|
| 9 | LAWRANCE LAWRENCE | 323 Red Kite Dr Griveland, 71. 34136 | |
| Correct | the last name) Spelling | | □Remove |
| ~ | Sp. clancy | LANGENCE | ≝ Change |
| | | LATONA LAWRENCE | &Add |
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| | Please correct the name of the Prasident |
|---------------------------|--|
| _/ | ast name. Name is currently spelt listed on the Articles as "LAWRANCE" to be "orrect Last name of the President a listed on the Article is LAWRENCE |
| | on the Articles as LAMMANER" |
| | Possert Last Dame of the President a listed |
| | the Anhali is I animinate |
| _D | n the more to a |
| | orrect name spelt is? Laroya Lawrence |
| | 20: |
| | 2021 APR |
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| If an effect Note: If | date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 605.0207 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the continuous date on the Department of State's records. |
| e record s rd is filed | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | Rebruary 5th 2024 |
| | jh - |
| | Signature of a member of authorized representative of a member |
| | Typed or printed name of signee |
| | Typed or printed name of signed |

Filing Fee: \$25.00