120000330816

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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TOi

SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Lanzio Brown					
	Name of Person Brown Integrated Logistics and Transport LLC: Firm/Company					
	Brown Integrated Logistics	s and Transport LLC				
		Firm/Company				
	Brown Integrated Logistics and Transport LLC					
		Address				
	Tallahassee Florida 32303	1				
		City/State and Zip Code				
	· ·	~ ~				
	E-mail address: (to be used for future annual report notif	fication)			
For further information c	oncerning this matter, please c	all:				
Lanzio Brown						
Name of Person		Area Code Daytime	e Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
		·	ation.			
		Registration Section Division of Corporations				
P.O. Box 632	-	The Centre of T	•			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brown Integrated Logistics and Transport LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Horida document number <u>L20000330816</u>	y were filed on October 19, 2020	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	pility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the ab	obreviation "L.	L.C."
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)			
	<u></u>	ogal oct	11
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the nan	ie of themey	v registere [1]
	<u>:</u>		J
Name of New Registered Agent:		201 O	
New Registered Office Address:			
	Enter Florida street address		
	, Florida	Zip Code	
	V 103	24/ C1800	

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 tiled 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 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
AMBR	Lanzio Brown	2697 Brecon Lane Tallahassee, Florida 32303	= Add
			□Remove
			□Change
AMBR	Shanteria Williams	2697 Brecon Lane Tallahassee, Florida 32303	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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e record sp rd is filed.	pecifies a delayed ef	ffective date,	but not an e	ffective tim	e, at 12:01 a.	m, on the ear	lier of: (b)	The 90th day :	ifter the
Dated	tober 28)20	. ·				
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