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## **COVER LETTER**

	Logistics LLC		
, , , , , , , , , , , , , , , , , , ,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Nicole Dorsey		
		Name of Person	
	M.A.H.N. Logistics LLC		
		Firm/Company	<del></del>
	911 MARK DR.		
		Address	<del></del>
	Clearwater, FL 33756		
	M.A.H.N.logistics@gmail.c	City/State and Zip Code	
		to be used for future annual report notif	fication)
For further information of	concerning this matter, please ca	all:	
Nicole Dorsey		727 648-0272 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fec & 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

M.A.H.N. LOGISTICS LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) /)
The Articles of Organization for this Limited Liability Company were filed on	10/30/2020 and assigned
Florida document number L20000345913	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
he new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20
Principal office address MUST BE A STREET ADDRESS)	020 DE
	Ш. Т
	: 0 [
Enter new mailing address, if applicable:	-
Mailing address MAY BE A POST OFFICE BOX)	.: -
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3. If amending the registered agent and/or registered office address on our	records, enter the name of the new regis
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	Florida street address
	, Florida
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 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
AMBR	Hosea Dorsey	911 Mark Dr. Clearwater, FL 33756	≣Add
			Remove
			Change
AMBR	Nicole Dorsey	911 Mark Dr. Clearwater, FL 33756	2020 DE
			□ Ramove
			□Add
			□Remove
		<u></u> .	☐ Change
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date, if other than the date of filing:  we date is listed, the date must be specific and cannot be prior to date of filing or n the date inserted in this block does not meet the applicable statutory filing s effective date on the Department of State's records.	(optional) nore than 90 days after filing.) Pursuant to 605.026 ng requirements, this date will not be listed a
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
CEMBER 7 2020	

Typed or printed name of signee