(Re	questor's Name)	_
(Ad	dress)	
•	•	
(Ad	dress)	
(Cit	y/State/Zip/Phone#	7)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	Certificates o	of Status
Certified Copies	_ Ceranicales o	- Ctatus
Special Instructions to	Filing Officer:	
,	_	

Office Use Only



800384401138

03/31/22--01009--018 **25.00

SECRETARY OF STATE TALLAMASSEE, FL

FILED
72022 HAR 31 PH 6: 31

O SIMMONS APR 1 4 2022

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations			
CIID IECT.		OGISTICS LLC		
SUBJECT: Name of Limited 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:		
	LOVETTE DOBSON			
	<u> </u>	Name of Person		
		Firm/Company		
	17350 STATE HWY 249.			
		Address		
	HOUSTON, TX 77064			
	EFILE1234@INCFILE.CO	City/State and Zip Code M		
		to be used for future annual repor	t notification)	
For further information of	concerning this matter, please c	all:		
LOVETTE DOBSON		1 888-462 at ()	2-3453 aytime Telephone Number	
Name o	of Person	Area Code Di	aytime Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Of Status & Certified Copy (additional copy is enclosed	
<u>Mailing Addre</u> Registration		Street Addre Registration		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION LED OF

2022 MAR 31 PM 6: 31

AR	RKEYE LOGISTICS LLC	RY OF STATE
(Name of the Limited Liab) (A Flori	ility Company as it now appear Emper Fed da Limited Liability Company) TALLA	HASSEE, FL
he Articles of Organization for this Limited Liability lorida document number 1.20000348797		
his amendment is submitted to amend the following:	·	
a. If amending name, enter the new name of the lir	mited liability company here:	
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADE	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		iter the name of the new regis
Name of New Registered Agent:		- A - CARL
New Registered Office Address:		<u> </u>
	Enter Florida street ad	ldress
		. Florida
	Ciry	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 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
AMBR	Christian Santos	31053 Stone Arch Ave	□Add
		Wesley Chapel, FL 33545	■Remove
			□Change

			□ Remove
			□Change
			DAdd
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□ Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			⊡Remove
			□Change

	1			
				
				·
			<u></u>	
				·
			-	
-			· · · · · · · · · · · · · · · · · · ·	
Effective date, if other than the first of the date in the late in this document's effective date on the	nust be specific and cannot be pr block does not meet the app	dicable statutory fil	doption more than 90 days after fi ing requirements, this o	ling.) Pursuant to 605,0207 (
e record specifies a delayed effect rd is filed.	ive date, but not an effectiv	e time, at 12:01 a.n	a. on the earlier of: (b)	The 90th day after the
Dated March, 22	. 2022			
· · · · · · · · · · · · · · · · · · ·	Signature of Jumember or an	and Dw uthorized representati	Wof a member	
		han Irizarry	wa a meningi	
		inted name of signee		

Filing Fee: \$25.00