## L2000377366

(Re	questor's Name)	
DA)	dress)	
(Ad	dress)	
	y/State/Zip/Phone #	<u> </u>
(Cit	y/State/Zip/Phone #	<del>*)</del>
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	·)
(Do	cument Number)	
Certified Copies	Certificates o	of Status
'	-	
Special Instructions to	Filing Officer:	

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ALLAHASSEE, FLOS

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Liberty Master 13 qistics LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter-to the following:
Martes Williams Name of Person
Liberty Master logistics 11C
3100 layla Street
Tall ahassie Fla 32303 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (750) 511-1902  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status 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

29221;77 -8 PT 12: 34

(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)	
(A Florida Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	:
(A Florida Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on	
Florida document number <u>L 200003 77.3 (Le</u>	
Profice document fidinoer	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	· <del></del>
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)	
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new regis</u> agent and/or the new registered office address here:	<u>stered</u>
agent and/or the new registered office address neve.	
Name of New Registered Agent:	
	_
New Registered Office Address:  Enter Florida street address	_
Phoeba.	
. Florida Florida 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 wit	th 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 being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability	is
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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
Mon	Catora Williams	3100 Layla Street	DAdd
		- Tallahussee, Flr 37303	<b>E</b> Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
		□Change	
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			□Remove
			□Change
			□Add
			□Remove
			□Change

c 11 ann	anding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
(If an e <u>Note:</u>	(optional)  fective date, if other than the date of filing:
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	Nov 8 2037.
	Cixto Cixto Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	City W. W. War

Filing Fee: \$25.00