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COVER LETTER

TO: Registration So Division of Cor				
	Transport & Logistics LLC		•	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
	Warren Bowers			
	·	Name of Person		
	Sphinxman Transport & L	ogistics LLC		
		Firm/Company	 	
	24 Farrier Lane			
		Address		
	Crawfordville, FL 32327			
		City/State and Zip Code		
	SphinxmanTL@gmail.com			
		to be used for future annual report no	otification)	
For further information of	concerning this matter, please c	all:		
Willette Bowers		850 491-2007 at ()		
Name (of Person	Area Code Dayt	ime 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration		Street Address: Registration S	Section	
Division of C	Corporations	Division of C	orporations	
P.O. Box 632		The Centre of		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rrds.)

Sphinxman Transport & Logistics LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		/
The Articles of Organization for this Limited Liabilit	ty Company were filed on $\frac{12/28/2020}{12}$	and assigned
Florida document number L21000006331		
This amendment is submitted to amend the following	g:	
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	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address her		enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida stree	t 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>	Address	Type of Action
AMBR	Warren Bowers	24 Farrier Lane	■Add
		Crawfordville, FL 32327	□Remove
			□Change
MGR	Willette Bowers	24 Farrier Lane	□Add
		Crawfordville, FL 32327	□Remove
			= Change
			□Add
			□Remove
			□Change
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the D	t be specific and cannot be prock does not meet the app	ior to date of filing or mon licable statutory filing i	e than 90 days after filing.) Pur	suant to 605,0207 not be listed as
record specifies a delayed effectiv d is filed.	e date, but not an effective	e time, at 12:01 a.m. on	the earlier of: (b) The 90	th day after the
Dated	. 2021	·		
	- : 0		a member	