## L21000013543

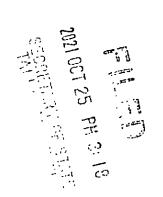
	(Requestor's Name)	<del></del>	
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PICK-UP	WAIT [	MAIL	
(Business Entity Name)			
	Document Number)		
Certified Copies	Certificates of Sta	atus	
Special Instructions to Filing Officer:			
Q. SILAS			
	NOV 04 2021		
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Office Use Only



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## **COVER LETTER**

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

FILED **OF** 

MARTEN LOGISTICS 2021 OCT 25 PH 3: 18
(Name of the Limited Liability Company as it now appears on our records) (1/4/2/1/12/12/12/12/12/12/12/12/12/12/12/12
The Articles of Organization for this Limited Liability Company were filed on $01-04-2021$ and assigned Florida document number $4.21000013543$ .
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."
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, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
, Florida
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 2400 NE GTH AVE APTB	Type of Action
AMBR	ERNST HORACE	POMPANO BEACH, FL 3300	M LVdd
			□Remove
			🗆 Change
			🗆 Add
			□Remove
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an effe	tive date, if other than the date of filing:
record is file	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 d.
ated_	HORACE EZ Signature of a member or authorized representative of a member
	11 21/5/2
	HOKACE E.C
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00