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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : 12014000083 Phone : (407)932-0040 : (407)520-5473 Fax Number

**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EDSON LOGISTICS SERVICES LLC

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COVER LETTER

1

TO: Ro	egistration Serivision of Cor	ction porations			
elib rect	EDSON LO	GISTICS SERVICES LLC			
SUBJECT	•	Name of Lim	lited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	m all correspo	ndence concerning this matter	to the following:		
		NELSON RODRIGUEZ			
		· · · · · · · · · · · · · · · · · · ·	Name of Person		
		EDSON LOGISTICS SER	RVICES LLC	·	
			Firm/Company		
		625 ROMANO AV			21FEI
			Address		
		ORLANDO, FL 32807			0 PP
		rctaxservice@earthlink.net	City/State and Zip Code		2021 FEB 10 PM 4: 54 SECRETARY OF STATE SECRETARY OF STATE
		E-mail address:	(to be used for future annual r	eport notification)	in f
For further	information c	oncerning this matter, please o	eall:		
NELSON	RODRIGUEZ		407 6555 at ()	8361	
	Name o	f Person	Area Code	Daytime Telepho	one Number
Enclosed is	s a check for th	ne following amount:			
€ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Tailing Addres		Street Ad		
	egistration Solvision of C			tion Section of Corporatio	ens
P	.O. Box 632	7	The Cen	πe of Tallahas	ssee
Τ	allahassee, I	FL 32314	2415 N.	Monroe Street	t, Suite 810

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDSON LOGISTICS SERVICES LLC		3.
(<u>Name of the Limited Liabili</u> (A Fiorida	ty Company as it now appears on our recor a Limited Liability Company)	(3.)
The Articles of Organization for this Limited Liability Control of the Articles of Organization for this Limited Liability Control of the Articles of Organization for this Limited Liability Control of the Articles of Organization for this Limited Liability Control of the Articles of Organization for this Limited Liability Control of the Articles of Organization for this Limited Liability Control of the Articles of Organization for this Limited Liability Control of the Articles of Organization for this Limited Liability Control of the Articles of Organization for this Limited Liability Control of the Articles of Organization for the Organizatio	Company were filed on 01/11/2021	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	0
Enter new mailing address, if applicable:		PH 4: 54
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>ent</u> e	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	l	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	NELSON RODRIGUEZ	625 ROMANO AV	
		ORLANDO, FL 32807	□Remove
			■ Change
			□Add
			Remove
		·	Change
			Remove
			□Add
			Change
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in effective date is listed, the date must <u>nte:</u> If the date inserted in this blo	be specific and cann ok does not meet !	iot be prior the applic	to date of fi able statut	ory filing re	man 90 days : quirements,	this date will	not be i	isted as
ocument's effective date on the Dep	atment of State	s records.	•					
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record specifies a delayed effective is filed.	date, but not an e	Hective H	ime, at 12:	or a.m. on i	ne carner or	: (в) тие 90	ou ony a	ner me
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