LZ1000030592

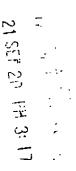
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COVER LETTER

TO: Registration S Division of Co				
L & S LO	GISTICS LLC		•	
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	ANDREW O BAILEY JR			
		Name of Person		
	L & S LOGISTICS LLC			
	Firm/Company			
	5001 SW 20TH STREET	1002		
	Address			
	OCALA, FL 34474			
		City/State and Zip Code		
	andrewbaile18@gmail.com			
	E-mail address: (to be used for future annual report not	ification)	
For further information	concerning this matter, please c	all:		
ANDREW O BAILEY	JR	754 303-3480		
Name	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for	the 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 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

21 SEP 20 PH 3: 17

L& S LOGISTICS LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co		and assigned
lorida document number L21000030592	<u>_</u> .	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limit	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	office address on our records, <u>enter th</u>	e name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter l'iorida street address	
	, Flori	da
	City	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

0.01.00107100110

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

	Authorized Member	era e Light de la	
<u>Title</u>	<u>Name</u>	Address 21 SEP 20	FH 3: Type of Actio
AMBR	ANDREW O BAILEY JR	1781 NW 207TH STREET APT 201	□Add
		MIAMI GARDENS, FL 33056	□Remove
			Change
AMBR	BAILEY, ANDREW	1781 NW 207 STREET	□Add
		201	= Remove
		MIAMI GARDENS, FL 33056	
MGR	DAVIS, ALICIA S	1035 NW 143RD STREET	
		MIAMI, FL 33168	■Remove
			□Change
AMBR	DAVIS, ALICIA S	150 N.E. 193RD TER	□Add
		MIAMI, FL 33179	□Remove
			\= Change
			□Remove
			□Change
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			□Remove
			□Change

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		21 SEP 20 PH 3: 17
 		
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iote: If the date inserted in th	must be specific and cannot be prior to date of fil	(optional) ing or more than 90 days after filing.) Pursuant to 605.0207 ory filing requirements, this date will not be listed as
record specifies a delayed eff l is filed.	ective date, but not an effective time, at 12:0	11 a.m. on the earlier of: (b) The 90th day after the
09/14 lated	2021	
2. 1 Ma	Signature of a member or authorized repres	
in y pr	Signature of a member or authorized repres	sentative of a member
ANDREW O BAII		
WINDLE M O DAIL	Typed or printed name of s	ijano.