1210000 66528

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		05/03/21

Office Use Only



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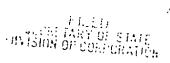
COVER LETTER

TO: Registration Section Division of Corpor		
SUBJECT: <u>SAP</u>	LOGISTICS LLC Name of Limited Liability Company	
The enclosed Articles of Am	endment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	PENELOPE PENA Name of Person	
	SAP LOGATETES LL-C	
	Firm/Company	
	874 S.W. SAIL TE	R
	Address	
	PORT ST. LICIE, FL 3495	3
	City/State and Zip Code	
_	SAPLOGISTICS & SE GMAIL.	
	E-mail address: (to be used for future annual report	notification)
For further information conc	erning this matter, please call:	
PENELUPE PE	756- /VA at (746) \$77- rson Area Code Da	CZS6
Enclosed is a check for the fo		yunic receptone runtoer
☑ \$25.00 Filing Fee		S60.00 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



SAP LOGISTICS

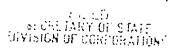
21 MAR 15 PH 4: 03

(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on Liability Company)	our record <u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on \mathcal{L}^2	$\frac{ cS /2c21}{and assigned}$
Florida document number LZ1000066528		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	nation "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 a	address on our reco	rds, enter the name of the new registered
agent and/or the new registered office address here:		
N. CN. B. C. LA		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	ee to act in this cap	acity. 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



Title	<u>Name</u>	Address 21 MAR 15 PH 4: 03	Type of Action
<u>AMBR</u>	PENELUPE PENA	874 SW. SAIL TER.	_ DAdd
		PORT ST. LUCIE FL 34953	_ □Remove
			_ Change
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			□Add
			□Remove
			Change

amending any other information, enter change(s) here: (Attach additional she	AVISION UP CONFORATION
	21 MAR 15 PH 4: 03
	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than the: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.0207 rements, this date will not be listed as
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the estilled.	earlier of: (b) The 90th day after the
ed	
Signature of a member or authorized representative of a me	mper
tinklope teno	