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COVER LETTER

LLC

TO: Registration Section Division of Corporations

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SUBJECT:

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Name of Limited Liability Company

LOGISTICS

The enclosed Articles of Amendment and fee(s) are submitted for tiling.

SAP

Please return all correspondence concerning this matter to the following:

	Penelop	Penelope Codrington			
		Firm/Company			
	845 Aven	al Ln Address			
		ort, FL 33837 City/State and Zip Code			
Ray forther information of		to be used for future annual report not	fication)		
For further information c	oncerning this matter, please c				
Name o	f Person	at () Area Code Daytin:	e Telephone Number		
Enclosed is a check for th	he following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		Carry of Add and a			

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 AM TO ARTICLES OF ORG OF SAP LogiStics (Name of the Limited Hiability Company as in (A Florida Limited Liability The Articles of Organization for this Limited Liability Company were Florida document number $L21000066528$.	ANIZATION FILED 2022 AUG 18 AH 8: 3 LLC SECRETARY OF ST ty Company)	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liability c</u>	<u>company here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "LL.C.	••
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADDRESS)</u>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office addre agent and/or the new registered office address here:		gistered
Name of New Registered Agent: <u>1enclop</u>	<u>De Codrington</u>	
New Registered Office Address:		

Enter Florida street address

__. Florida ____

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.

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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

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<u>Title</u>	Name	Address	<u>Type of Action</u>
CEO	Penelope Codrington		🗆 Add
	¢.		🖸 Remove
			XChange
AMBR	Penelope Codrington		🗆 Add
	·		🗆 Remove
	_		KChange
AMBR	Andre Castillo	413 ontario PL	🗶 Add
		West Palm Beach FL 334	℃9 _□Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			Change
			🗆 Add
		·	🗆 Remove
			🖸 Change

· . .

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

If the record 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 record is filed.

8/18/2022 Dated Signature of a member or authorized representative of a member Penclope Codrington Typed of printed name of signee