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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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### **COVER LETTER**

TO: Registration So Division of Con			
SUBJECT: <u>Wal</u>	ton's National	Logistics LLC ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	Prentice M	1. Walton Name of Person	
	_Walton's N	lational Logisti	cs LLC
	7500 W Comini	Address	
	Lauderhill, F Waltensnation	L 33319 City/State and Zip Code  14   10g   S + i C G G G G G G G G G G G G G G G G G G	100 < 0M
For further information c	concerning this matter, please cal		icationy
Prentice W	Jalton of Person	at ( <u>954</u> ) <u><b>8</b>01 - 3</u> Area Code Daytime	BIDD: Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	▼ \$55.00 Filing Fee & Certified Copy (radditional 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Walton's National Logistics
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Flire Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L2/000</u>0 727 39. 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 "LLC" 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: Trentice M. Walton Name of New Registered Agent: 7500 W Commercial Blvd

Enter Florida street address

Lauderhill Florida 333 19

City Zip Code New Registered Office Address:

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.

f 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	Type of Action
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		Lauderhill, FL 33319	( <b>T</b> :Remove
			□Change
MGR	Walton, AltheaL	3571 Inverrary Drive #30:	3_ □Add
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l an effect <mark>Note:</mark> - If	e date, if other tive date is listed, t the date inserted it's effective date	he date must be I in this block	e specific and ca c does not mee	nnot be prior to t the applicab	date of filing or n	sore than 90 days	optional) after filing.) Pursu s, this date will no	ant to 605.0207 of be listed as
record s I is filed	specifies a delayi l.	ed effective d	ate, but not an	effective time	e, at 12:01 a.m.	on the earlier o	of: (b) The 90th	day after the
ated	May 2.		P. Wal	2021				
		Sig	mature of a men	iber or authoriz	ed representative	of a member		
			Prentice	/				