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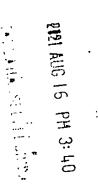
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COVER LETTER

		ı	
SUBJECT:	Eadi's Lu	xistics LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	<u>P</u>	obert Eady Name of Person	
SUBJECT: Each's Ligistics LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Probert Eady Name of Person Eady's Logistics LLC Firm Company 805 Symands Auc Address Winter Park FL 32789 CityState and Zip Code E-mail address (to be used for future admand report notification) For further information concerning this matter, please call: Name of Person at (321) Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (addrivend copy is enclosed) Mailling Address: Street Address:			
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	DBJECT: Early's Ligistics LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The ease return all correspondence concerning this matter to the following: The ease return all correspondence concerning this matter to the following: The ease return all correspondence concerning this matter to the following: The ease return all correspondence concerning this matter to the following: The ease return all correspondence concerning this matter to the following and the following amount: The ease return all correspondence concerning this matter to the following amount: The ease return all correspondence concerning this matter to the following amount: The ease return all correspondence concerning this matter to the following amount: The ease return all correspondence concerning this matter to the following amount: The ease return all correspondence concerning this matter to the following. The ease return all correspondence concerning this matter to the following. The ease return all correspondence concerning this matter to the following. The ease return all correspondence concerning this matter to the following. The ease return all correspondence concerning this matter to the following. The ease return all correspondence concerning this matter to the following. The ease return all correspondence concerning this matter to the following. The ease return all correspondence concerning this matter to the following. The ease return all correspondence concerning this matter to the following. The ease return all correspondence concerning this matter to the following. The ease return all correspondence concerning this matter to the following. The ease return all correspondence concerning this matter to the following. The ease return all correspondence concerning this matter to the following. The ease return all correspondence concerning this matter to the following. The ease r		
Winter Park, FL 32789 City/State and Zip Code			
For further information co	ncerning this matter, please ea	all:	
Name of	ert Eady Person	at (<u>321</u>) 914 - 6 Area Code Daytime 7	Felephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration S		<u>Street Address:</u> Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EADY'S LOGI	ISTICS LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our record liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100094622</u> .	were filed on $2/25$	2021 and assigned
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	ity Company," the designation "ELC	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		6
	_	: o
		P
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		į. 5
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B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ss — — — — — — — — — — — — — — — — — —
		orida
	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

Title	Name	Address	Type of Action
MGB	Sherri Polingo	705 Symonds Auc Winter Po	ak ⊠Add 789 — □Remove
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fective date, if other than the date of filing: _			(optic		
in effective date is listed, the date must be specific and can ote: If the date inserted in this block does not meet					
ocument's effective date on the Department of State					
record specifies a delayed effective date, but not an e is filed.	effective time, at	12:01 a.m. on the	e earlier of: (b) The 9	0th day after the
ated $8/12/2021$.					
Signature of a memi	befor authorized i	epresentative of a 1	nember		

Filing Fee: \$25.00