

L21 000 112297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

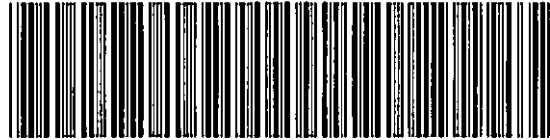
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: L&C Edge Logistic 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:

Lolita R. Edge  
Name of Person

L&C Edge Logistic LLC  
Firm/Company

1610 East 122nd Apt 202  
Address

Tampa, FL 33612  
City/State and Zip Code

lolita.r.edge@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lolita R. Edge at (813) 541-0803  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

L&C Edge Logistic LLC

(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 March 9, 2021 and assigned Florida document number 21000112297.

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 "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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Carl HANSEN

New Registered Office Address:

1610 East 122nd Apt 202 A

Enter Florida street address

Tampa

City

Florida

33618

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 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>    | <u>Address</u>                          | <u>Type of Action</u>   |
|--------------|----------------|---|---|
| AMGR         | Lolita Edge    | 1610 East 122nd Ave<br>Tampa, Fla 33612 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change |
| MG           | Lolita Edge    | 1610 East 122nd Ave<br>Tampa, Fla 33612 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change |
|              | Carl Hankerson |   | <input checked="" type="checkbox"/> Remove<br><input type="checkbox"/> Change                                 |
| AMGR         | Carl Hankerson | 1610 East 122nd Ave<br>Tampa, Fla 33612 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change |
| MGR          | CARL Hankerson | 1610 East 122nd Ave<br>Tampa, Fla 33612 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove<br><input type="checkbox"/> Change |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |
|              |                |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove<br><input type="checkbox"/> Change            |

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

I am amending the filing because  
I was filing on the LTC Edge Logistic LLC  
filing was wrong position on the paperwork  
I put Carl Hankerson as manager  
I thought it was just to manage  
the business, not as owner. I am the  
owner and operator. I put myself as  
Resigning, because being that it was filed wrong.  
I am asking that paperwork be done correctly  
Lolita Edge

1610 East 122nd Apt 202A

Tampa, FL 33613

813-541-0803 OK 813-770-6150

E. Effective date, if other than the date of filing: 6/10/21 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 6/10/21

Lolita R Edge

Signature of a member or authorized representative of a member

Lolita R Edge

Typed or printed name of signee

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