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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: A Fresh Start T	Painting and Power Washing, LLC nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Lydia W	HON Name of Person
A Fresh Sta	ext Painting and Pawer Woshing, LLC
621 Cape	Coxal Parkway E.
Cape Cox	City/State and Zip Code
Wynninglog E-mail ddress	istics 2021 eqmil. com (to be used for future annual report notification)
For further information concerning this matter, please of	call:
Lyclia Nynn Name of Person	at (239) 841-8169 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee X \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Frosh Start Painting and Power Washing, 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 Co	mpany were filed on March 9, 202 and assigned
Florida document number <u>L21000112840</u>	702 TV
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
Mynning Logistics, The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation T.L.C.
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRE	1021 Cape Coral Parking E.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_same as above
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	lia Wyno
New Registered Office Address: 621	Cape Caral Parkusey E. Unit 4
Cay	City Florida 33904

## 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.

Type Upon
I 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
<u>AMB</u> R	Lydia Nynn	4463 Orange Grove Bld.	XAdd
		N. Furt Myers, FL 33903	Remove
		441e3 Orange Grove Blod.	□Change
AMBR	Kemith Wynn	N. Fort Myers, FL 3390	3_\$Add
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Effective date, if o	other than the dat sted, the date must be:	e of filing: specific and cann	ot be prior to date	of filing or more than	(optiona 90 days after fili		5,0207 (
Note: If the date in	serted in this block	does not meet t	the applicable st	atutory filing requi	ements, this da	ite will not be list	ed as i
document's effectiv	e date on the Depar	tment of State	s records.				
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d is filed.	delayed effective dat					The 90th day and	rine
Dated <u>M</u> W	Seguia Julia W	2	2022.				
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