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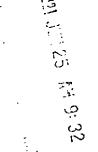
(Requestor's Name)
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COVER LETTER

Division of Corporations
SUBJECT: TITS Family OGISTICS 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:
Shakiel Anderson Name of Person
First family logistics LLC
13795 Yarmouth drive
City/State and Zip Code City/State and Zip Code City/State and Zip Code Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shakie I Ander Son at (C17-, 455 - 6599) Name of Person at (C17-, 455 - 6599) Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\text{\$\frac{5}{25}}.00}\$ Filing Fee & \$\sum_{\text{\$\frac{5}{25}}.0

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

TO:

Registration Section

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

first fam	rily logistics L	C_{C}
(Name of the Limited (A	Liability Company as it now appears on ou Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liab Florida document number 2100012	ility Company were filed on $\frac{O3}{310.5}$	STORI and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designati	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	4DDRESS)	
Enter new mailing address, if applicable:		27 3 2 3
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered office address h		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		····
	Enter Florida stre	et address
	City	, 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.

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>	Name	Address	Type of Action
AMBR	Shakiel Anderson	13795 Yarmouth Dri	E BAdd
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ın effec	te date, if other than the date of filing: (o trive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at the date inserted in this block does not meet the applicable statutory filing requirements, int's effective date on the Department of State's records.		ng.) Pursi		
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Filing Fee: \$25.00