121000130982

(Re	equestor's Name)	
(Ad	fdress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
		6/8/21 Tm

Office Use Only



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04/23/21--01016--010 **25.00

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COVER LETTER

TO: Registration Se Division of Cor	ction porations			
	nes Logistics LLC			
SOBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Tresha Robinson			
		Name of Person	-	
	Change Lanes Logistics LI	.C		
		Firm/Company		
	17125 Yellow Pine St.			
		Address		
	Wimauma, FL 33598			
		City/State and Zip Code		
	changelanes.logistics@gma E-mail address: (il.com to be used for future annual report no	tification)	
For further information of	concerning this matter, please ca			
Tresha Robinson		941 527-8987		
Name (of Person	at ()	me Telephone Number	
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Address: Registration S	ection	
Registration Section Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF THE STATE OF THE

21 APR 19 PH 3: 33

Change Lanes Logistics LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our recor imited Liability Company)	<u>(ds.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 3/19/2021	and assigned
lorida document number <u>L21000130982</u>	_·	
This amendment is submitted to amend the following:		
a. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
the new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
Cost regimered office reducts.	Enter Florida street addre	258
	. F	lorida
	City	lorida Zıp Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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

MGR = Manager AMBR = Authorized Member

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Title	<u>Name</u>	Address	Type of Action
MGR	Jasmine Turner	1408 26th St. E, Palmetto FL 34221	□ Add
			■Remove
			□Change
AMBR Tresha Robinson	Tresha Robinson	17125 Yellow Pine St., Wimauma FL 33598	= Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amonding any other informs	ion, enter change(s) here: (Attach additional sheets/if necessary.)
D. If amending any other informa	21 APR 19 PM 3: 33
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E. Effective date, if other than the	date of filing: (optional)
(If an effective date is listed, the date mus	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ock does not meet the applicable statutory filing requirements, this date will not be listed as
If the record specifies a delayed effective record is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated April 20th	2021
	1
fresh Ka	Signature of a member or authorized representative of a member
Tresha Robinson	
	Typed or printed name of signee

Filing Fee: \$25.00