# L21000151767

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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Samont Logistics 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:	
Brian Thomas  Name of Person  Samoht Logistics LLC  Firm/Company	
6/20 Arundson St Address	
Tampa, FL 33634  City/State and Zip Code  B-iano-thomas a value. Com  E-mail address: (to be used Top/future annual report notification)	
For further information concerning this matter, please call:	b
Name of Person at (\$13) 595-4232  Area Code Daytime Telephone Number	7
Enclosed is a check for the following amount:	
▼ \$25.00 Filing Fee	

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

Samoht Logistic	25 LLC			
(Name of the Limited Liabilit (A Florida	v Company as it now appears of Limited Liability Company)	on our records.)	······································	
The Articles of Organization for this Limited Liability Co. Florida document number $\frac{L2100015176}{}$	ompany were filed on 0.4	4/01/202	2 <u>/</u> and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here	<b>:</b> :		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the desi	gnation "LLC" or the ab	breviation "L.L	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)		_ <sub>4</sub>	
	mailing address, if applicable:			
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Enter new mailing address, if applicable:		·	<del>I</del> π ω	
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>		
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B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our reco	ords, <u>enter the nam</u>	e of the new	registered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida	i street address		
		, Florida		
	City		Zip Code	

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

Λ

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 The Townie Group LLC 6720 arrundson St DAGE Tampa, FL 33634 DRemove \_\_\_\_\_ □Change Johnarius Johnson 1950 sweetbroom cir DANG Apt 206 Lut 2, FL 33559 DERemove \_\_\_\_\_ □Change □Add Remove \_ Change □Add

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□Change

If amending any other information  If needed	to be re	twned.	Send	+0:	
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Effective date, if other than the da	uta of filings		(optio		
If an effective date is listed, the date must b  Note: If the date inserted in this block	e specific and cannot be prior		re than 90 days after	filing.) Pursuant to	
document's effective date on the Department			requirements, tins	date will not be	naice a
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$\frac{1}{\sqrt{3}}$ Si	gnature of a member or author	orized representative of	of a member		-
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Filing Fee: \$25.00