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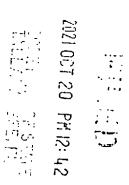
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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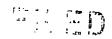
A. BUTLER OCT 2 9 2021

COVER LETTER

TO:	Registration So Division of Co		,	
SUBJE	·CT·			:
		Name of Lin	tited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please i	return all correspo	ondence concerning this matter	to the following:	
			Name of Person	
			Firm/Company	
			Address	
			City/State and Zip Code	
For furt	her information c	E-mail address: (to be used for future annual report not all:	(fication)
			at () Area Code Daytin	
	Name o	t Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	he 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 Addres		Street Address:	ntion
Registration Section		Registration Section Division of Corporations		
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**



2021 OCT 20 PM 12: 42

	FACEY	LOGISTICS	LLC		2021 UCT 20 PH 12: 42
	(<u>Name</u>	of the Limited Liability C (A Florida Lin	ompany as it now apper ited Liability Company)	ars on our records.)	OF STATE
The Articles	s of Organization for this	Limited Liability Com	pany were filed on _	04/13/20	and assigned
Florida docı	iment number <u>L 210</u>	00170609			
This amenda	ment is submitted to ame	end the following:			
A. If amen	ding name, enter the ne	ew name of the limited	liability company l	<u>iere</u> :	
The new name	must be distinguishable and	contain the words "Limited	Liability Company," the	designation "LLC" or t	he abbreviation "L.L.C."
Enter new [principal offices addres	s, if applicable:			
(Principal o	office address MUST BE	A STREET ADDRES	<u></u>		
				<u> </u>	
Enter new i	mailing address, if appl	icable:			
(Mailing ad	dress MAY BE A POST	OFFICE BOX)		<u> </u>	<u></u>
B. If amen	ding the registered ager	nt and/or registered of	fice address on our	records, enter the	name of the new registered
	or the new registered of				
<u>Na</u>	une of New Registered A	vgent;			
Ne	ew Registered Office Add	dress:			
	_		Enter Flo	Enter Florida street address	
			City	, Florid	aZip Code
Now Rogicto	red Agent's Signature, if	changing Registered A	•		r.p Code
	 -	 - -		capacity: I furthe	r agree to comply with the
	of all statutes relative t				

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>	Address	Type of Action
MGR	STAVAN A FACEY	346 N MYRTLE AVE.	X Add
		MEW SMYRNA BEACH, AL 32168	□Remove
			□Change
AMBR GABRIELLE K JACKSON	GABRIELLE K JACKSON	346 N. MYRTLE AVE.	—X∕Add
	MEW SMYRNA BEACH, FL 32161	Remove	
			□Change
			🗆 Add
			□Remove
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
	. <u></u>		🗀 Add
			□Remove
			□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	tive date, if other than the date of filing:
f the reco	ord 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 filed.
Dated	10/18/21
	SF
	Signature of a member or authorized representative of a member
	Claudin - Each
	Stavan - Facey Typed or printed name of signee

Filing Fee: \$25.00