L21000193148

| (Re | questor's Name) |) |
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| (0). | yrotate/2.p/r nor | ic #/ |
| PICK-UP | ☐ WAIT | MAIL |
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| (Bu | siness Entity Na | me) |
| (Do | cument Number |) |
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| Certified Copies | _ Certificate | es of Status |
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| Special Instructions to | Filing Officer: | |
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| | | 6/29/21 |
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Office Use Only





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COVER LETTER

| | egistration S ivision of Co | | | |
|-------------|--------------------------------|---|---|---------------------------------|
| | | Williams Logistics | | |
| SUBJECT | `: | Name of Lin | nited Liability Company | |
| | | | | |
| The enclos | ed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please retu | m all correspo | ondence concerning this matter | to the following: | |
| | | Jonkeria Williams | | |
| | | | Name of Person | |
| | | Riddick And Williams Lo | gistics | |
| | Firm/Company | | | |
| | 215 NW 10th Ave | | | |
| | Address | | | |
| | | Boynton Beach Florida 33435 | | |
| | | City/State and Zip Code | | |
| | | jonkeriawilliams1990@yah | | |
| | | E-mail address; (| to be used for future annual i | eport notification) |
| For further | information e | concerning this matter, please c | all; | |
| Jonkeria W | /illiams | | | 8902 |
| | Name o | of Person | at () Area Code | Daytime Telephone Number |
| Enclosed is | a check for the | he following amount: | | |
| | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & |
| | ailing Addres | | Street Ad- | |
| | _ | Section Torporations | | tion Section of Corporations |
| P. | O. Box 632 | .7 | The Cen | tre of Tallahassee |
| Ta | allahassee, l | FL 32314 | 2415 N. | Monroe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 HAY 27 AM 9: 49

Riddick & Williams Logistics

(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 Compan | y were filed on 04/25/2021 | and assigned |
|--|--|-------------------------------|
| Florida document number 1.21000193148 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| The new name must be distinguishable and contain the words "Limited Lial | bility Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office | address on our records, enter t | he name of the new registered |
| agent and/or the new registered office address here: | | _ |
| No. 2N. D. LA | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flor | rida |
| | City | 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = M AMBR = A | IGR = Manager MBR = Authorized Member | | | | |
|---------------------|--|--------------|--------------------|-----------------------|--|
| <u>Title</u> | <u>Name</u> | Address | 21 HAY 27 14 9: 49 | Type of Action | |
| AMBR | Kelcey Riddick | 215 NW 10th | | □Add | |
| | | | | Remove | |
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| Remove Kelcey Riddick, as a owner (AMBR) | in the second second |
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| effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of fi e: If the date inserted in this block does not meet the applicable statut ument's effective date on the Department of State's records. | (optional) iling or more than 90 days after filing.) Pursuant to 605.02 ory filing requirements, this date will not be listed |
| filed. | 01 a.m. on the earlier of: (b) The 90th day after the |
| ed May,17 2021 | |
| Stenature of a thember or authorized repre | esentative of a member |
| Innland will accomme | |
| Typed or printed name of | |

. . . .

Filing Fee: \$25.00