L21000195074

(Rec	questor's Name)	
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SECRETARY OF \$ 10.

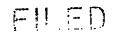
COVER LETTER

TO:

TO: Registration Sect Division of Corpo			
Poise Logistic	es LLC		
SUBJECT: Name of Limited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	unitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Shantara Gibson		
		Name of Person	
	Poise Logistics LLC		
		Firm/Company	
	690 Altamira Circle #208		
		Address	
	Altamonte Springs, Fl. 32	701	
		City/State and Zip Code	
	info@poiselogistics.com		
	E-mail address: (to be used for future annual report notifi-	cation)
For further information con	icerning this matter, please c	all:	
Shordara	Cibson	321 310-1	0009
Name of F	Person	at (<u>324</u>) <u>310 - U</u> Area Code Daytime	Telephone Number
Enclosed is a check for 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 Address:	etion	Street Address:	tion
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327	•	The Centre of Ta	
Tallahassee, FL	_ 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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Poise Logistics LLC

SECRETARY OF 1 TA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Elimited Elability Comp	pany were filed on <u>04/27/2021</u>	and assigned
Florida document number L21000195074		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
withing address MAT BL AT UST OFFICE BUSY		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, <u>ente</u>	
New Registered Office Address:	Enter Florida street addr	
-	, F	Florida Zip Code
New Registered Agent's Signature, if changing Registered Ag		<i>γ</i>
New Registered Agent's Signature, it changing Registered As	20110.	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR Denise Chang	Denise Chang	1091 S Hiawassee Rd	
		Orlando, FL 32835	■Remove
			□Change
MGR Shakara Thompson	Shakara Thompson	4137 Shade Tree Loop	□ Add
	Orlando, FL 32810	■Remove	
			□Change
MGR Shantara Gibson	690 Altamira Circle	= Add	
	Altamonte Springs, FL 32701	□Remove	
			□Change
AMBR	Darius Jenkins	690 Altamira Circle	■Add
	Altamonte Springs, FL 32701	□Remove	
		□Change	
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
		□Change	

D. If amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	we date, if other than the date of filing: (optional) retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) but the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
If the record record is file	d 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 ed.
Dated_	October 1st 2021 Signature of a member or authorized representative of a member
	Shantara Gibson

Filing Fee: \$25.00

Typed or printed name of signee