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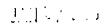
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## COVER LETTER • \*

O: Registration S Division of Co	ection rporations	ý	e,
COVERING COVERING	• NG EVERY ANGLE LOGISTI	•	•
оврест.	Name of Lin	iited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	united for filips	
	ondence concerning this matter		
	Cheyenne Moseley	Ü	
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fi		
		Address	
	Glendale, CA 91203		
	745jsmith@gmail.com	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report noti	tication)
For further information	concerning this matter, please co	alt:	
Cheyenne Moseley		800 773-0888 at ()	
Name (	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

COVERING EVERY ANGLE LOGISTICS, LLC

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as H now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L2!000197044	were filed on 04/28/2021 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	illty company here:		
The new name must be distinguishable and contain the words "Limited Liubi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	13475 Atlantic Blvd., Unit 8, Ste. 3039		
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32225		
Enter new mailing address, if applicable:	13475 Atlantic Blvd., Unit 8, Ste. 3039		
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32225		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	nce address on our records, enter the name of the new		
New Registered Office Address:	Enter Florida street address		
New Registered Agent's Signature, if changing Registered Agent:	City Zip Gode		
I hereby accept the appointment as registered agent and agreen or oversions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete procept the obligations of my position as registered agent as provided to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is		
If Chang	ging 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

Τo.

Title	Name	Address	Type of Action
AMBR	Joshua Smith		
			🗖 Add
			□ Remove
		13475 Atlantic Blvd., Unit 8, Ste. 3039, Jacksonville, FL 32225	■ Change
			☐ Change
·			D Add
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<u>.    </u>			□ Add
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Effective date, if other fan effective date is listed, the Note: If the date inserted document's effective date	in this block does n	ot meet the applica	able statutory filin	ig requirements, this	nal) filing.) Pursuant to 605 D20 date will not be listed a
e record specifies a The 90th day after			t an effective (	time, at 12:01 a	.m. on the earlier o
Dated 01/13	Lith	, 2023	<u> </u>		
770	Signature o	f a member or autho	rized representative	of a member	
Uoshua Smith					

Page 3 of 3

Filing Fee: \$25.00