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EXAMINER

COVER LETTER

TO:

Registration Section **Division of Corporations**

SUBJECT:



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:

	Dwayne A. Johnson Sr.		
		Name of Person	
	A	3&T LOGIST	TCS
		Firm/Company	
	15247 NE 8th Ave		
		Address	2021
	Gainesville, FL 32641		2021 HAY
		City/State and Zip Code	
	A3ntlogistics@gmail.com	1	
	E-mail address: (to be used for future annual report notif	fication)
For further information co	ncerning this matter, please c	all:	fication)
Dwayne A. Johnson Sr.		352 246-8787	-
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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)
<u>Mailing Address:</u> Registration Se	ection	Street Address: Registration Sec	
Division of Co		Division of Cor	•
P.O. Box 6327 Tallahassee Fl		The Centre of T	allahassee e Street Suite 810

Tallahassee, FL 52514

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

228+ Logictics

(Name of the Limited Lightling	Omnania i noncana	
(A Florida Lii	Company as it now appears on our record- mited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Com Florida document number L21000197349	npany 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 A3&T Logistics LLC	S	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		··-
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
New Registered Agent's Signature if changing Registered A	City	Zip Code

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 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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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Sole: If the date inserted in th	the date of filing: must be specific and cannot be prior to date of filing or is block does not meet the applicable statutory fil ne Department of State's records.	(optional) r more than 90 days after filing.) Pursuant to 6 ling requirements, this date will not be li	05.0207 () sted as th
the record specifies a delayed effected is filed.	ective date, but not an effective time, at 12:01 a.n	n. on the earlier of: (b) The 90th day af	ier the
May 11	. 2021		
	Dwayne A. Johnson Sr.		

Filing Fee: \$25.00