## L21000 239238

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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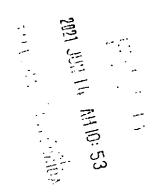
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations		
	ogistics LLC.		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Markensley François		
		Name of Person	
	Kolossal Logistics LLC		
	-	Firm/Company	
	752 Trey Ct.		
	-	Address	
	Apopka FL 32712		
	- · · · · ·	City/State and Zip Code	
	kolossallogistics@gmail.co		<del> </del>
		to be used for future annual report not	incation)
	oncerning this matter, please c	all:	
Bria Thomas		407 633-8456 at ()	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for th	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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632	27	The Centre of T	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kolossal Logistics LLC (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 Company were filed on  $\frac{05/22/2021}{1}$ and assigned Florida document number \_\_\_\_\_L21000239238 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N\A 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 ADDRESS) N/A 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 the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 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
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			□Change
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ctive date, if oth effective date is liste	ier than the date of the date of the date must be spec	f filing:	o date of filing or more th	(optional) an 90 days after filing.)	Pursuant to 605.02
e: If the date inser	rted in this block doc	s not meet the applical ent of State's records.	ble statutory filing req	uirements, this date	will not be listed
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•	layed effective date, b	out not an effective tin	ne, at 12:01 a.m. on th	e earlier of: (b) The	: 90th day after th
filed.	$\overline{}$				
ed June 9th	$\left( \begin{array}{c} 1 \\ 1 \end{array} \right)$	2421			
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	Signatur	re of a member or author	ized representative of a r	nember	<del></del>
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Filing Fee: \$25.00