L21000254836

Office Use Only



200374261272

2021 CCT -5 AM 8: 07

10/05/21--01010--024 **25.00

pv.slot. (1 to .Ft.KAHOR) TALLAHASSEE, FLORIDA

021 OCT -5 PH 12: 56

Anund

OCT ON 2021 ALBRITTON

CORPORATE When you need ACCESS to the world

ACCESS, _____

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

| | | VV A | ALK IN | | |
|-------------------|---|--------|-----------|---|-------|
| | PICK | UP: | 10/5 DANN | Y | |
| XX | CERTIFIED COPY PHOTOCOPY CUS | | | | |
| xx | FILING | LLC A | MEND | | |
| 1. | AMAZMART AUTOMA (CORPORATE NAME AND DOCUM | | | | |
| 2. | (CORPORATE NAME AND DOCUM | ENT#) | | | _ |
| 3. | (CORPORATE NAME AND DOCUM | FNT #1 | | | |
| 4. | (CORPORATE NAME AND DOCUM | | | | |
| 5. | | | | | |
| 6. | (CORPORATE NAME AND DOCUM | | | | |
| SPECIAI INSTRU | | ENT #) | | | |

COVER LETTER

| TO: Registration : Division of Co | Section orporations | | |
|--------------------------------------|---|---|---|
| SUBJECT: _Amazm | art Automated LLC | | |
| | Name of Lin | nited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are sul | omitted for filing. | |
| Please return all corresp | pondence concerning this matter | to the following: | |
| | John Mamon | e | |
| | | Name of Person | |
| | Amazmart Ai | utomated LLC | |
| | | Firm/Company | |
| | 12420 NW 8 | Blst St | |
| | | Address | |
| | Parkland, Fl | . 33076 | |
| | | City/State and Zip Code | |
| | Amazmartau | to@gmail.com | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| For further information | concerning this matter, please c | all: | |
| Јоћп Матоп | ne | at (954_)903-8096 | 5 |
| Name | of Person | | 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:

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| | то | | 3 |
|---|---|-----------------------|-------------------|
| ARTICLE | S OF ORGANIZATION | 1 | 9 . 4 |
| | OF | | (E) |
| | | | - in |
| Amazmart Automated LLC | | | ~~. |
| (<u>Name of the Limited Liabi</u> (A Florid | lity Company as it now appears on or da Limited Liability Company) | <u>ir records.</u>) | Marcol 5 Hi 8:01 |
| The Articles of Organization for this Limited Liability | Company were filed on6/1/2 | l <u></u> | _ and assigned 으 |
| Florida document number L21000254836 | <u> </u> | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | | |
| The new name must be distinguishable and contain the words "Lin | mited Liability Company," the designar | ion "LLC" or the abbr | eviation "L.L.C." |
| | mine seasony company, me assignment | 2.2 3001 | |
| Enter new principal offices address, if applicable: | | | |
| (<u>Principal office address MUST BE A STREET ADD</u> | <u> </u> | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | • | |
| B. If amending the registered agent and/or reg | istered office address on our | records, enter th | se name of the ne |
| registered agent and/or the new registered office ad | | | |
| | | | |
| Name of New Registered Agent: | | | |
| Name of New Registered Agent. | | | |
| | | | |
| New Registered Office Address: | Enter Florida str | cet address | |
| | Enter Florida str | | |
| | Enter Florida str City | cet address, Florida | Zip Code |

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 |
|--------------|----------------|---|-----------------|
| AMBR | Jason Bergeron | 155 Las Brisas Cir., Hypoluxo, FL 33462 | |
| | | | ⊠ Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | 🗆 Add |
| | | | □ Remove |
| | | | |
| | | | Add |
| | | | 🗆 Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | 🗆 Change |

| lfam | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|------------------------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| If an e <u>Note</u> | tive date, if other than the date of filing: [flective 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 [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. |
| | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed. |
| Date | d 10/4/21- 2021. Jahrene |
| | Jahrene |
| | /Signature of a member or authorized representative of a member |
| | John Mamone MBR Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00