## L21000263295

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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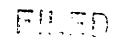
## **COVER LETTER**

ΓΟ: Registration Secti Division of Corpo	rations		į
SUBJECT: 1St. Tie	2 Logistics Name of Limi	LLC ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Deman	Name of Person	
		Firm/Company	
	1131 Post La	Le Pl. Apt #	311
	Apopka Fl	32703 City/State and Zip Code	
	Halldeman 3 (E-mail address: (1	City/State and Zip Code  30 mail Com to be used for future annual report notifi	cation)
For further information con	cerning this matter, please ca		
Demar Hel	crson	at ( <u>407</u> ) 724 3: Area Code Daytime	280 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)	S60.00 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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.



り22 FEB 17 PH 16: 25

1st Tier Logistics	LLC	\$70 00 0V 00 00 00 00 00 00 00 00 00 00 00
(Name of the Limited Liability (A Florida L	Company as it now appears on imited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L21000263295</u>	mpany were filed on $06/9$	57/2021 and assigned
Florida document infiliper	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Tall Roses Transportation LL	. (	
TallBosss Transportation LL The new name must be distinguishable and contain the words "Limite	d Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	SS)	
	<del>.</del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	office address on our reco	rds, <u>enter the name of the new registered</u>
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida s	arect address
		Florida
	City	Zip Code

## 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>	Name	Address	Type of Action
HOR	Storila Ferguson	2657 Charbrook Cir	□Add
		Orlando Ft 32810	
		MARCON TO THE STATE OF THE STAT	□ Change
			🖸 Add
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an effe <u>ote:</u>	te date, if other than the date of filing:
record Lis file	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.
ated	01-21-2021
	$V_{\Lambda}$
	Signature of a member or authorized representative of a member