

121 000 278821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

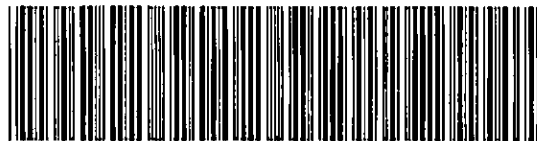
(Business Entity Name)

(Document Number)

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2021 OCT -4 AM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FL

10/11/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Sharon E' Sons Logistics LLC  
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:

Charles B. Young  
Name of Person  
Sharon E' Sons LLC  
Firm/Company  
7020 Oyster Bay Dr  
Address  
Tampa FL 33619  
City/State and Zip Code  
SNSLogisticsLLC10@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles B. Young at (347) 449-8628  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Sharon E. Sears 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 06-07-2021 and assigned Florida document number 621000278821.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

E. 6310 Tierra  
Shreveport, LA 71119

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TALLAHASSEE  
FLORIDA

**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:

Charles B. Young

New Registered Office Address:

7020 Oyster Bay Dr  
Enter Florida street address

Troyon  
City

Florida

33619  
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.

Charles B. Young

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Lorraine Wallace	7020 Oyster Bay Dr	<input type="checkbox"/> Add
		Tampa, FL 33619	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lorraine Wallace	7020 Oyster Bay Dr	<input type="checkbox"/> Add
		Tampa, FL 33619	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Charles B. Young	530 West AVE	<input checked="" type="checkbox"/> Add
		Bridgeport, CT 06604	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Charles B. Young	530 West AVE	<input checked="" type="checkbox"/> Add
		Bridgeport, CT 06604	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

My name Charles D. Young. I filed this Company  
after my Mother with hopes to build ~~some~~ <sup>some</sup> thing  
for my family. While filing this application  
I placed my mother as owner which was  
mistake.

E. Effective date, if other than the date of filing: 06-07-2021 (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated: September 28<sup>th</sup>, 2021

Corraine Wallace  
Signature of a member or authorized representative of a member

Charles Young  
Typed or printed name of signer