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(Re	questor's Name)	_
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COVER LETTER

TO: Registration Security Division of Corp.	ction Porations			
SUBJECT:	Name of Limited Liability Com	pany		
The enclosed Articles of a	Amendment and fee(s) are submitted for filing.			
Please return all correspon	ndence concerning this matter to the following:			
	Jaula Millacy Name of Pe	rson		
	TCH Laistics LLC Firm/Comp	pany		
	95 Farrord Drive			
	Address City/State and Z		2023 APR I	
	1CHCASHCSUL @ USh ex If-mail address: (to be used for futu	S.COM re annual report notification)	ω	
For further information co	oncerning this matter, please call:		PH 4: 18	
Jaula Mame of	110CU at 38	Ode Daytime Telepho)45	
Enclosed is a check for th	e following amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Fil Certified (additional of		\$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 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

(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				gned
Florida document number [1] 1000 1000 1000 1000 1000 1000 1000	' '			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLL	C" or the abbreviati	ion "L.L	.C."
Enter new principal offices address, if applicable:		,	267	
(Principal office address MUST BE A STREET ADDRESS)		1	<u>ت</u>	نائد
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		'	ω	-:
C.A.,		1.7		. (
Enter new mailing address, if applicable:		<u></u>		<u>%/</u>
(Mailing address MAY BE A POST OFFICE BOX)		in .	8	
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>ente</u>	r the name of th	ie new	registered
New Registered Office Address:	Enter Florida street addre			
	, Florida			
	City		Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of	performance of my duties, a rovided for in Chapter 605,	and I am familia , F.S. Or, if this	ar with docun	n and nent is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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	Annette Millary	85 Farraget Drive	Xadd
	J	Yalm Corst, FI 32139	□Remove
		····	□Change
			🗀 Add
			□Remove
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			□ Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if neces.	sary.)	
		·· ·	
	May 114h 0002		
(If an e <u>Note</u>	ctive date, if other than the date of filing: (option) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file. If the date inserted in this block does not meet the applicable statutory filing requirements, this cannot seffective date on the Department of State's records.	ling.) Pursuant to 605	.0207 (3)(b ed as the
If the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.de 90th day after the record is filed.	m. on the earlie	er of:
Date	a 4 10 2023	2023 APR	Cita de la
		PR 3	
	Signature of a member or authorized representative of a member	1.31. 1.3.10 1.3.10 1.4.14	; \$ J
	Typed or printed name of Signee	4: 18 F 11E	

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