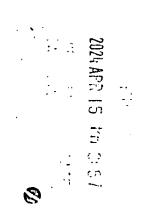
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special mediacione to rining concern





04/15/24--01003--001 ••25.00



## **COVER LETTER**

TO: Registration Section Division of Corporat	ions		
SUBJECT: LI SE	IAW ECON Name of Limi	1 LLC ted Liability Company	
The enclosed Articles of Amer		-	
Please return all correspondence	e concerning this matter t	to the following:	
_	HUN	JTEZ SHAW Name of Person	
	LI SHI	AN ECOM LL Firm/Company	<u>-C</u>
_	1001 CL	Address	D 4101
_	BOCA RA	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	187
_	LUNTER (E-mail address: (b)	Q EXOTICS HUNT o be used for future annual report notific	EZ.COM
For further information concer-	ning this matter, please ca	il:	
Maria Gas	STON	at ( <u>454)</u> <u>395 -</u> Area Code Daytime T	CIIO(o Telephone Number
Enclosed is a check for the foll	owing amount:		
S\$\$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:		Street Address:	

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Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



April 24, 2024

HUNTER SHAW 1001 CLINT MOORE RD #101 BOCA RATON, FL 33487

SUBJECT: H SHAW ECOM LLC Ref. Number: L21000334129

We have received your document for H SHAW ECOM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000009140 A-1 LOGISTICS LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah White Regulatory Specialist III

Letter Number: 724A00008958

Der De

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H SHAW ECON	1 LLC
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L21000334129</u> .	i l
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
FORMULA TRANSPORT LL The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.L.C." or the abbreviation "L.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)	PO BOX 812092 BCCA RATON, FL 33481
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	AP 27
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City Florida - Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document 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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			DAdd
			Remove
			Change
			□Add
			☐ Change
			□Add
			□Remove
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lf an effec <u>Note:</u> H	te date, if other than the date is listed, the date if the date inserted in this name of the date on the date of t	must be specific and block does not i	d cannot be prior meet the applica	able statutory fili	nore than 90 days	optional) after filing.) Pursuan , this date will not	n to 605.0207 ( be listed as t
	ord specifies a delay 90th day after the r			t an effective	time, at 12:(	01 a.m. on the	earlier of:
Dated _	May (et	ц	1071	4.			
		,					
		Signature of a	member or author	orized representativ	e of a member		_