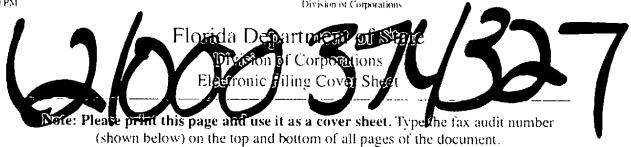
Division of Corporations



(((H23000077725 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

\*Enter the email address for this business entity to be used for future ≾annual report mailings. Enter only one email address please::\*\* ਿਹੇੜੀ ਹੁਮੁEmail Address: EFILE1234@INCFILE.COM

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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:		LOGISTICS L.I. C.	
SOBJECT.		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON TX, 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code	
		to be used for future annual re	port notification)
For further information c	oncerning this matter, please c	all;	
LOVETTE DOBSON		at ()	888-462-3453
Name o	if Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Solution Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Add	
Registration S			ion Section

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

## 1333 A. A. C. ADADADA (M. A. 1317 A. ADADADA (M. 13. A. A.

## TO ARTICLES OF ORGANIZATION OF

(((H23000077725 3)))

	MORGAN LOGISTICS LEEC.		
(Name of the Lim	ited Liability Company as it now appear (A Florida Lamited Liability Company)	s on our records.)	
The Articles of Organization for this Limited	Liability Company were filed on	08/20/2021	and assigned
Florida document number 1.21(000374.	<del>327</del>		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company he	ere:	
The new name most be distinguishable and contain the	words "Limited Liabifity Company." the d	esignation "LI C" or th	2 abbreviation "L.L.C"
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE.	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		cords, <u>enter (hố n</u>	23 F.
Name of New Registered Agent.	REPUBLIC REGISTERED AGE	NT LI C	<u> </u>
New Registered Office Address:	1150 Nw 72nd Ave Tower I Ste 4	55	
		ida streot address	<u>.</u>
	Miami 	Florida	33126
	t tiv		Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 om 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 tiled 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.

It estay, Dalar)
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: (((H23000077725 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JOVIELYN GRACE ESCARA	805 NE 199TH STREET APT 206	<b>=</b> Add
		MIAMI. FL 33179	□Remove
			□Change
			□Add
			©Remove
			□Change
			□Add
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