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91 NCT 21 PH 3: 10

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Westbury Logistics LLC Name of Limited Hiability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Craig Cotin Westbury Logistics L2C Firmtompany 511 Farrington Way Address Oplando Fl 32824 City/State and Zip Code Corbincomebacks Qquail. com Email address (to be used for future annual ground stiffention)
E-mail address: (to be used for future annual report violification)
For further information concerning this matter, please call: Craig Corbin at (407) 401 3897 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certificate of Status}\$\$\$ \$\ \text{Certificate of Status}\$\$\$ \$\ \text{Certified Copy}_{\text{(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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 71 007 21 PH 3: 10

(Name of the Limited Lia) (A Flo	pility Company as it now appears on our rec rida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		

D. If any ordina About a state of the state	1.00	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>ent</u> ::	er the name of the new registere
	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = MAMBR = A	Aanager Authorized Member			
<u>Title</u>	Name	Address	21 00T 21 PH 3: 10	Type of Action
MGR	Craig Corbin	511	Farrington Wo	→ X Add
	9	Orland	6 Fl 32824	□Remove
				□Change
AMBR	Craig Corbin	51	Farning for War	≠ X Add
	•	Orlan	do FI 32824	[□Remove
				□Change
				🗆 Add
				□Remove
		_		Change
				🗆 Add
				□Remove
				Change
				□Add
				□Remove
		-		□Change
				□ Add
				Remove
				□Change

If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	21 OCT 21 PH 3: 10
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f an effec Note: - If	e date, if other than the date of filing:
record d is filed	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
d is like	7
Dated _	9/29/2021 CC
Jated _	
	Signatur of a member or authorized representative of a member
	Signatur of a member or authorized representative of a member