# 121000421103

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# **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
Quick Logi	sties US LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brian K. Mathis, Esq.		
		Name of Person	
	Mathis Law Group		
		Firm/Company	<del></del> -
	P.O. Box 91657		
		Address	
	Lakeland, FL 33804		
	bmathis@mathislawgroup.c	City/State and Zip Code	
	=	to be used for future annual repor	t notification)
For further information c	oncerning this matter, please c	all:	
Jo Kirkland, ACP, FRP		863 670-255	57
Name o	f Person	at () Area Code D:	aytime Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$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 Addres		Street Addres	
Registration S Division of C		Registration Division of	1 Section Corporations
P.O. Box 632	.7	The Centre	of Tallahassee
Tallahassee, I	FL 34314	2415 N. MC	onroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Quick Logistics US LLC		
(Name of the Lim	ited Liability Company as i (A Florida Limited Liability	( now appears on our records.) y Company)
The Articles of Organization for this Limited Lipida document number L21000421103	Liability Company were	filed on 9/23/2021 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability c	ompany here:
The new name must be distinguishable and contain the	words "Limited Liability Cor	mpany," the designation "LLC" or the 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	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office address.		ss on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	Brian K. Mathis, Esq.	
New Registered Office Address:	Mathis Law Group, 5	15 E. Las Olas Blvd., Ste. 120
gent and/or the new registered office add		Enter Florida street address
	Ft. Lauderdale	Florida 33301
		ity Zin 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 Changing Registered Agent, Signature of New Registered Agent

Bri K. Mathi

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
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			Remove
			□ Change
			OAdd
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tive date, if other than the d	ate of filing:	(0	ptional)	
ffective date is listed, the date must b	e specific and cannot be prior to date of k does not meet the applicable stat	filling or more than 90 days	after filing.) Pursuant to 605.02 , this date will not be listed	2 <b>07</b> (3 as th
ment's effective date on the Dep				
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ecord specifies a delayed e e 90th day after the recor	ffective date, but not an ef d is filed.	fective time, at 12:0	II a.m. on the earlier	of:
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i Max 6	, 2024	,		
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Filing Fee: \$25.00