

121000438209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

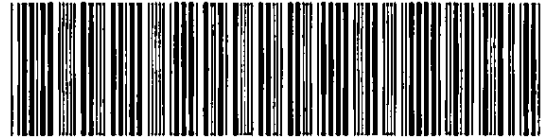
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
JULIA A. OSZCZEPK

C. BRUMBLEY
NOV 23 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Shuler Logistics LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

2021/11/22 PM 12:39

Please return all correspondence concerning this matter to the following:

Shawneque S Shuler

Name of Person

Shuler Logistics LLC

Firm/Company

26 Dogwood Circle

Address

Boynton Beach, FL 33436

City/State and Zip Code

ShulerLogisticsLLC@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawneque S Shuler

Name of Person

561 7148784
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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
OF**

SHULER LOGISTICS LLC

(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 October 6, 2021 and assigned
Florida document number L21000438209.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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)

6400 W BOYNTON BEACH BLVD, SUITE # 741783
BOYNTON BEACH, FL 33474

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SHAWNEQUE S. SHULER

New Registered Office Address:

6400 W BOYNTON BEACH BLVD, SUITE 741783

Enter Florida street address

BOYNTON BEACH

Florida 33474

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 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Lawrence Gregory Shuler Jr.	6115 TERBA BUENA CT	<input type="checkbox"/> Add
		LAKE WORTH, FL 33467	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Rosa Shuler-Fender	6115 TERBA BUENA CT	<input type="checkbox"/> Add
		LAKE WORTH, FL 33467	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Shawneque Shanell Shuler	26 DOGWOOD CIRCLE	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33436	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Traven Dontae Shuler	6344 WHILLOUGHBY CIRCLE	<input type="checkbox"/> Add
		LAKE WORTH, FL 33463	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHAUNDRA VENISE SHULER	6115 TERBA BUENA CT	<input type="checkbox"/> Add
		LAKE WORTH, FL 33467	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated OCTOBER 14, 2021

Signature of a member _____

Signature of a member or authorized representative of a member

SHAWNEQUE STANELL STULER

Typed or printed name of signee

Filing Fee: \$25.00