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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Wesscon Logistics LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David A Wesson Name of Person
Wesscon Logistics
3275 Millpond C+
Orange Park, FL, 32065 City/State and Zip Code
City/State and Zip Code Jav. J. Wesson & Wess Con logistics. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David A Wesson at (912) 844 - 1413 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 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

Wesseen Logisti	ics LLC
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L21000455447}$.	were filed on 10/19/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2541 Kings Rd.
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32209
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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 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>	Address	Type of Action
<u>AMBR</u>	Lucius Brown	544 Wahemont Dr. Grange Park, FL 320	GAdd
		Grange Park, FL 320	45 □Remove
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ctive date, if other	than the date of fi	ling:	to date of filing or mor	o than 90 days	ptional) ifter filing.) Pursuant to 605.0
e: If the date inserted	l in this block does n	ot meet the applic	able statutory filing (this date will not be listed
ment's effective date	e on the Department (of State's records			
ord specifies a delay filed.	ed effective date, but	not an effective t	ime, at 12:01 a.m. on	the earlier of	(b) The 90th day after t
d Januar	v 20	2021			
C. Overry per		<u> </u>			
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	Signature o	f a member or auth	orized representative of	a member	