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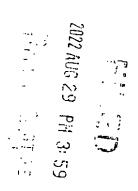
| (Requ                      | uestor's Name) |             |
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| (City/                     | State/Zip/Phon | e #)        |
| PICK-UP                    | ☐ WAIT         | MAIL        |
| (Busi                      | ness Entity Na | me)         |
| (Doc                       | ument Number)  | )           |
| Certified Copies           | Certificate    | s of Status |
| Special Instructions to Fi | iling Officer: |             |
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Office Use Only



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Baran Managaran San Assar



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DEC - 2 2022

## **COVER LETTER**

| TO: Registration Section Division of Corporation |   |   | <b>\$</b>                           |   |
|--|---|---|-------------------------------------|---|
|  | Fared L. W. Co                            | D' = 1 2/2  | 110                                 |   |
| SUBJECT:   | Loyal Logistics                           | ted Liability Company   | i Che                               |   |
|  |   | ,, ,, ,,,, ,,,  | •                                   |   |
|  |   |   |                                     |   |
| The enclosed Articles of Ar                      | nendment and fee(s) are subr              | mitted for filing.  |                                     |   |
| Please return all correspond                     | ence concerning this matter t             | to the following:   |                                     |   |
|  | Char                                      | ntale Cole Name of Person                                     |                                     |   |
|  |   | Name of Person  |                                     |   |
|  | Loyal                                     | Logistics Dis   | patching L                          | LC  |
|  | 7011                                      | D' DI 1   | <b>7</b> .4                         |   |
|  | 17158                                     | Pines Blvd  | 208                                 | <del> </del>  |
|  |   | Address   |                                     |   |
|  | Pombroke                                  | Pines FL 3  | 3074                                |   |
|  | 101.101.5.1.1                             | E Pines, FL 3:<br>City/State and Zip Code                     |                                     | <del></del>   |
|  | chantales                                 | tewarteyahoo  | •CDM                                |   |
|  | E-mail address: (to                       | o be used for future annual                                   | report notification)                | <del></del>   |
| For further information con-                     | cerning this matter, please ca            | 11:   |                                     |   |
| Chantale   | $C_{\alpha})_{\Theta}$                    | ar ( 305 )  | 761-6816                            |   |
| Name of P  | erson                                     | at ( <u>305</u> )<br>Area Code                                | Daytime Telepho                     | one Number  |
|  |   |   |                                     |   |
| Enclosed is a check for the                      | following amount:                         |   |                                     |   |
| \$7 \$25.00 Filing Fee                           | S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enc |                                     | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address:                                 |   | Street Ac   |                                     |   |
| Registration Sec                                 |   | •   | ation Section                       | <b></b>   |
| Division of Cor<br>P.O. Box 6327                 | porations                                 |   | n of Corporatio<br>ntre of Tallahas |   |
| Tallahassee, FL                                  | .32314                                    |   | . Monroe Street                     |   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> Fitle</u> | <u>Name</u> | Address     | Type of Action |
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| f an efi<br>Note: | ive date, if other than the date of filing:  |
| record is fi      | rd 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 led. |
| Dated             | August 16, 2022.   |
|                   | Motor Cola   |
|                   |  |
|                   | Signature of a member or authorized representative of a member   |