K22000002194

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T. **MATTHEWS**JAN 2 6 2022

COVER LETTER

Division of Corp			
SUBJECT:	aris Logis	tics LLC.	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Tho	Mame of Person	
	Paris	Firm/Company	<u>C</u>
	3922 AUTU	mn Ralm Dr Address	
	Cephyrhill	S. F.L. 335741 City/State and Zip Code	
	Pariscicis 198 Esphail address: (to be used for future annual report notif	fication)
For further information co	ncerning this matter, please co	all:	
Thomas J.	Person	at (\$13) Slove Daytime	779 e Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	<u>:</u>	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 22 J 10 PH 3: 16

Paris Logistic	es llc	
(Name of the Limi)ed Liability (A Florida	y Company as it now appears on c Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L2200002194</u>	ompany were filed on Dec	23,2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Power Film I and	
	Enter Florida sti	
	City	, Florida
None Description of Assembly Circuit on it should be be a second	•	•

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
P625.	Thomas I Paris	3933 Autumn Palm Dr	îZAdd
		Zephyrhills. Fl 33641	Remove
			🗆 Change
<u>Sec.</u>	Haylee Charis	3932 Autumn Palm Dr	ZAdd
		Zephyrhills, 7, 33541	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□ Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	we date, if other than the date of filing:
f the record ecord is file	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 ed.
Dated_	Jamp Tomis
	Signature of a member or authorized representative of a member Thomas T Pour S Typed or printed name of signee

Filing Fee: \$25.00