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2022 FEB 22 AM 8: 26 SECRETARY OF STATE

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$COVER LETTER^{\mathsf{TM}}$

	Registration Se Division of Cor		•			
SUBJEC	Legit A1 Lo	ogistics LLC		. •		
SUBJEC	.1:	Name of Limi	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		Willie Nathan Hagan				
			Name of Person			
		Legit A1 Logistics LLC				
			Firm/Company			
		1131 NW 24TH AVE				
	Address					
	City/State and Zip Code					
		haganwillies@gmail.com	to be used for future annual report notif	ication)		
For furth	ner information c	oncerning this matter, please ca		realion)		
	lathan Hagan	· · ·	352 208-1823			
		f Person	at ()	Telephone Number		
	Name o	rerson	Arca Code Daytime	e Tetephone Number		
Enclosed	d is a check for th	he following amount:				
■ \$ 25.	.00 Filing Fee	S30.00 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 Registration	Section	Street Address: Registration Sec			
	Division of C	Corporations	Division of Cor	porations		

P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILED

2022 FEB 22 AM 8: 26

(Name of the <u>Limited Liability Compar</u> (A Florida Limited L	ny as it now appears of lability Company)	OUR FECORDS OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here	:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the desig	nation "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)		.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our reco	ords, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	r	
	Enler 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>	<u>Address</u>	Type of Action
AMBR	Julie Marie Bell	271 hidden lake loop	■Add
		Haines City Florida 33844	□Remove
			☐ Change
			□Add
		 	□Remove
			□Change
			□Add
			Remove
		<u>-</u>	Change
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ctive date, if other than th	e date of filin	g:		(optional)	
effective date is listed, the date me: If the date inserted in this	block does not i	neet the applica	to date of filing or able statutory fil	more than 90 days ing requirements	s after filing.) Purs s, this date will i	uant to 605.020 not be listed as
iment's effective date on the	Department of S	State's records.	·			
ord specifies a delayed effect filed.	ive date, but not	t an effective til	ne, at 12:01 a.m	on the earlier of	of: (b) The 90th	h day after the
02/10		2022				
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			rized representati	ve of a member		

Filing Fee: \$25.00