L220000 18761

(Request	or's Name)
(Address))
(Address)
(City/Stat	te/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines:	s Entity Name)
(Docume	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
_	

Office Use Only



900384400219

04/06/22 -U1022--027 ++56.00

SECRETARY OF BYATE STORE OF CORPORATIONS
22 APR -8 PH 12: 53

T. MATTHEWS APR 2 6 2022

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	_	LOGISTIC LL ted Liability Company	_C
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	<u> </u>	Vame of Person	ert
		Firm/Company	
	118 10	HABOD AVE S	·
	LE1	HIGH ACRES, F	<u>L 339</u> 73
	E-mail address: (t	City/State and Zip Code Stefah 050 yah o be used for future annual report notific	OO, COM
	ncerning this matter, please ca	d11:	
Augustin Name of	Flaubert	at (<u>813</u>) <u>495-281</u> Area Code Daytime	3 Telephone Number
Enclosed is a check for the	following amount:		
2, \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

22 APR -8 PM 12: 53

(Name of the Limited Liability Compan (A Florida Limited Liability Compan	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number $L2200018761$.	were filed on $01/10/2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." 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:	ddress on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 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
AMBR	Desauguste Phenex	5871 La Gorce Cir Lake Worth, F1.33463	L MAdd
	J		□Remove
			□Change
			□Add
			_ □Remove
			_ □Change
			□Add
			_ 🗆 Remove
			_ Change
			□Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ []Remove
			_ Change
			□Add
			_ □Remove
			_

		<u> </u>	<u> </u>		<u> </u>	
_						
-						
				-		<u> </u>
<u> </u>						
		<u> </u>		<u>.</u>		
			, 			
		· <u>-</u>				
		<u>.</u>		<u> </u>	,	
			-			
				<u>. </u>	··	
		-				
	<u> </u>					
			<u>. </u>	<u> </u>		- <u></u> -
in effective date is ote: If the date beament's effect	inserted in this blo ive date on the De	be specific and can bek does not meet partment of State	the applicable started in the starte	atutory filing requ	(optional) 190 days after filing.) irements, this date w	THE HOLDE LISTED AS
ecord specifies and is filed.	i delayed effective	date, but not an e	ffective time, a	12:01 a.m. on the	earlier of: (b) The	90th day after the
	Abr	114	2022	,),		
nted		Signature of princing	Jun Ela ber or authorized	representative of a m	ember	 _

Filing Fee: \$25.00