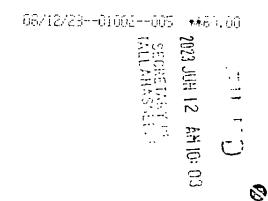
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## **COVER LETTER**

SUBJECT: Hanched 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:
Marvel Harais Name of Person Hamhed Legistics I_LC
Firm/Company
(37 SE 37th Terrace
Homesterd Fl 33033 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marvel Hargis at 817 454-7719  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  □ Certified Copy (additional copy is enclosed)

TO:

**Registration Section Division of Corporations** 

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	0
ARTICLES OF O	RGANIZATION ()
0.	F (UZ3 JUH 12
	F 2023 JUH 12 AM 10: 05  SERVE TO SERVE
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000</u> 45.7	were filed on $\frac{1/25}{202}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
South Paw Tran 5 POF The new name must be distinguishable and contain the words "Limited Liabil	-Tation, LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	G37 SE 37th Terrace Home stead, FL 33033
(Principal office address MUST BE A STREET ADDRESS)	Homestead, FL 33033
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 records, enter the name of the new registere

	City	Zip Code
		Florida
	Enter Florida street add	ress
New Registered Office Address:		
Traile of trom registering in		
Name of New Registered Agent:		

## 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	Membe

<u>Title</u>	Name	Address	Type of Action
			□∧dd
			□Remove
			Change
			□Remove
			□Change
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			□Remove
			□Change
	·		□Add
			□Remove
			☐ Change
		□Add	
			□Rетоve
			Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	ve 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 d.
Dated_	Signature of a member of authorized representative of a member
	Typed or printed name of signee