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T. MATTHEWS

MAY 16 2022

04/15/22--01007--026 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A lexunder Caro	go And Logistics LLC
The enclosed Articles of Amendment and fee(s) are s	•
Please return all correspondence concerning this matt	er to the following:
Avon	Alexander III Name of Person
Alexandes	Cargo And Logistics LLC Firm/Company
_ 1699_Co	rey Wood Circle
Tallahas	SCE F1 32344 City/State and Zip Code
E-mail address	des 18 a grail. Lom s: (to be used for future annual report notification)
For further information concerning this matter, please	e call:
Avon Alexander II Name of Person	at (855) 345 - 6899 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
	□ \$55.00 Filing Fee & □ \$60.00 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 Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS ARTICLES OF ORGANIZATION

Alexander Ca	rgo Au	nd Logisti	LS LLC
(<u>Name of the Limited Li</u> (A F	ability Compa lorida Limited I	ny as it now appears or Liability Company)	our records.)
The Articles of Organization for this Limited Liabili		were filed on Single	uary 26, 2022 and assigned
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liab	ility company here:	
The new name must be distinguishable and contain the words	"Limited Liabil	lity Company," the desig	nation "LEC" or the abbreviation "LEC."
Enter new principal offices address, if applicable	:	2241 No	th Monroe Street#1285
(Principal office address MUST BE A STREET A)	DDRESS)	Tallahasses	LF1 32303
Enter new mailing address, if applicable:		2241 No	th Manrae Street # 1285
(Mailing address MAY BE A POST OFFICE BOX	<u>0</u>	Tullahasse	e F1 32363
B. If amending the registered agent and/or regist agent and/or the new registered office address he Name of New Registered Agent:	<u>ere</u> :		rds, enter the name of the new registered
New Registered Office Address:	~ ~ I <u>I</u>	Enter Florida	street address
	Talla	hassee	Florida <u>32303</u> 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 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	Amoi Avery Alexander	2241 North Marrie Stalass	Tallahassee Fl 32303
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lote: If the date inser	d, the date must be spe rted in this block doc	eific and cannot be prior t		(optional) in 90 days after filing.) Pur irrements, this date will	
record specifies a del Lis filed.	ayed effective date,	but not an effective tin	ne. at 12:01 a.m. on the	earlier of: (b) The 90	Oth day after the
ated April	09	3022	_·		
	Gus	<u>Alexande</u>	rized representative of a n	nember	
	_	are on a member of addition	co representative vi u n		