8/14/23, 11:29 AM

Division of Corporations

## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 4A LOGISTICS SERVICES LLC

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AUG 15 2023

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TO:

Registration Section

## **COVER LETTER**

Division of Co	STICS SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filling.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	<del></del>
	101 N Brand Blvd 11th Fl		
	<u></u> ,	Address	
	Glendale, CA 91203		
	-tadeliveries@gmail.com	City/State and Zip Code	
	E-mail address; (1	to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Cheyenne Moseley		800 773-0888	
Name (	d Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy gaddinonal copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4A LOGISTICS SERVICES LLC						
(Name of the Limited L (A F	.iability Compan Florida Limited Li	y as it now appears ability Company)	on our records.)			
The Articles of Organization for this Limited Liabil Florida document number 1.22000049173		vere filed on <u>017.</u>	27/2022	and a	ssigne	ed
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liabil	ty company her	<u>re</u> :			
The new name must be distinguishable and contain the words	"Limited Liability	Company," the de	signation "LLC" or the a	bbreviation '	L L.C	<del></del>
Enter new principal offices address, if applicable	e:					
(Principal office address MUST BE A STREET A	(DDRESS)					
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  Name of New Registered Agent:	registered offi address here:					  the_nev
			<u></u>		2023	
New Registered Office Address:		Enter Florie	hr street address		<u> 5</u>	<del></del>
_		City	Florida	Zip Cod	<del></del>	<del></del>
New Registered Agent's Signature, if changing Regis	stered Agent:	\$.1 <u>9</u>				C
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regi- company has been notified in writing of this char	nd complete p ed agent as pr stered office a	erformance of <mark>n</mark> ovided for m CI	ny duties, and Lam hapter 605, F.S. Or,	fa <b>m</b> iliar w if this doc	व्यीम ता अमारा	nd

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

To:

<u>Title</u>	Name	Address	Type of Action
AMBR	Edgar Fernandez		
		3530 SW 89th Ave., Miami FL 33165	■ Remove
			□ Add
			Remove
			□ Change
			Remove
			☐ Change
<del></del>			Add
			□ Remove
			Change
<u>.</u>			□ Add
			☐ Remove
			Change
			□ Add
			🗆 Remove
			Chance

Signature of a member of authorized representative of a member

Sennifer Paz

Typed or printed name of signee

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Filing Fee: \$25.00