## 122000055299

(Reques	stor's Name)	
(Addres	s)	
(Addres	s)	
(City/Sta	ate/Zip/Phone	<del>= #)</del>
PICK-UP	TIAW	MAIL
(Busine	ss Entity Nar	ne)
(Docum	ent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	g Officer:	
hille		

Office Use Only



600383753526

00/25/22--01009--001 \*\*25.00

2022 APR 22 AM 10: 32 SECRETARY OF STAT

O SIMMONS MAY 0.2~2022



April 12, 2022

LATASHA GREENLEE 3155 SHADOW CREEK RD JACKSONVILLE, FL 32226

SUBJECT: UNLIMITED LOGISTICS & FREIGHT LLC

Ref. Number: L22000055298

We have received your document for UNLIMITED LOGISTICS & FREIGHT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 322A00008453

Octavia L Simmons
Regulatory Specialist II Supervisor

UUTEN EELIEN

RECEIVED TO: Registration Section **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Shadow Creek Rd Unlimited lastis and freight @9mail. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. ☐ \$25.00 Filing Fee

**Mailing Address:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

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

Certificate of Status &

(additional copy is enclosed)

Certified Copy

## TO ARTICLES OF ORGANIZATION FILED OF

	2022 APR 22 AM 10: 32
Name of the Limited V	Jahility Company as it now appears on Barbardon V Ur STATE
(A)	Florida Limited Liability Company) TALLAHASSEE, FL
The Articles of Organization for this Limited Liabi	ility Company were filed on $00/01/2020$ and assigned
Florida document number <u>L2200055</u> 3	298
This amendment is submitted to amend the followi	uń:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	de:
(Principal office address MUST BE A STREET A	4DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
	<del></del>
D. If a monding the registered agent and/or regis	stered office address on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address h	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	Florida
	City Zip Code
New Registered Agent's Signature, if changing Regi	istered 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

or	remoj	ed	from	our	reco	rds	:
				.,			7

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Latasha Greenkee	3155 Shadow Creek Rd	
		boksonville, Fl 32021p	□Remove
			□Add
			□Remove
			□Add
			□Remove
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	<u> </u>	<del> </del>	□Add
			□Remove
			□Change

	<u> </u>			
	<u>.                                    </u>		<del></del>	
	-			
	<u> </u>			
				· · · · · · · · · · · · · · · · · · ·
<del></del>		<del> </del>		
·			<u></u>	
ective date, if other	than the date of filing: _		(op	tional)
n effective date is listed, the late inserted	he date must be specific and can I in this block does not meet e on the Department of State	mot be prior to date of fili the applicable statuto	ng or more than 90 days aft	er filing.) Pursuant to 605.0207
ecord specifies a delayers filed.	ed effective date, but not an	effective time, at 12:0	l a.m. on the earlier of:	(b) The 90th day after the
red 04/19		3022		
	Signature of a men	ber or authorized repress	entative of a member	
	1			