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SECRETARY OF STATE

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## **COVER LETTER**

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ame of Limited Liability Company	
(s) are submitted for filing.	
his matter to the following:	
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Name of Person	
STICS, LLC	
Firm/Company	
Address	
City/State and Zip Code	
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ST N. V. N. N. ST maa maa maa maa maa maa maa maa maa ma	Name of Limited Liability Company  fee(s) are submitted for filing.  g this matter to the following:  ART  Name of Person  GISTICS, LLC  Firm/Company  AVE E  Address  ON, FL 34208  City/State and Zip Code  STICS63@GMAIL.COM mail address: (to be used for future annual report relater, please call:  at (941 ) 920-2848  Area Code  Day  int:  ng Fee & \$55.00 Filing Fee & Certified Copy

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 24 PH 3: 15

SAVVY LOGISTICS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

TALLAHASSEE, 71

The Articles of Organization for this Limited Liability Company	were filed on 02/03/2022	and assigned
Florida document number 1.22000058707		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida Zip Code
N' D ' 4   A 4 - C' 4   C -    D - - 4   A 4 - C'	·	

## 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
MGR	JORDAIJA D FARNUM	2510 11TH AVE E	
		BRADENTON, FL 34208	<b>≅</b> Remove
			□Change
MGR	MINDI R HART	2510 11TH AVE E	<b>=</b> Add
		BRADENTON, FL 34208	Remove
		-	Change
		-	□Remove
			☐ Change
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f an effi <mark>Note:</mark>	ve date, if other than the date of filing:
record d is fil	d 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 ed.
Dated .	JUNE 24, 2022.
	SUNE 24, 2022.
	Signature of a member or authorized representative of a member
	MINDI R HART

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