## L22000059652

Office Use Only



400430788784

08/05/24--01028--012 \*\*25.00



## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Det	our Logistics	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Tyrel	Herder Name of Person	
		Name of Person	,———
	Detour Low	gistics LLC Firm/Company	
	•	Firm/Company	
	1533	Pintail Dr	
		Address	<del></del>
	St John	5 FL 3225	9
	Detaulogistic	SFL 3225 City/State and Zip Code Coll Qgma, 1. Com to be used forfuture annual report notif	fication)
For further information ec	oncerning this matter, please ca		
Tyre   Name of	Herder Person	at ( <u>904</u> ) <u>945</u> Area Code Daytimo	- 3407 e Telephone Number
			:
Enclosed is a check for the	e following amount:		
☑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 ARTICLES OF ORGANIZATION

OF

## 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Heather Hender	1533 Pintail dr.	(EAdd
		St Johns FL 3225	□Remove
			[] Change
			□Add
			□Remove
			Change
			□Add
			□Remove .
			□Change
			□Add .
		<del></del>	□Remove
			□Change
			□ Add
			Remove
			DChange
			□ Add
			□Remove
			□Change

_		
-		
•		
-		
-		
-		
-		
-		
-		
-		
-		
_		
_		
-		
(It an ef)	ive date, if other than the date of filing: May 39, 3034 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207	(3)
docun	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.	une
ne recor ord is fi	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 led.	
Dated	May 29 2024. Tyll Hukur.	
	Tall Husten.	
	Signature of a member or authorized representative of a member	