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2022 JUN 16 AM 10: 22

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NVESTIN LOGISTICS LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RICH, ANGELA M
INVESTIN LOGISTICS LLC
5102 OAK BEND AVE
Address
JACKSONVILLE, FL 32257 City/State and Zip Code
INVESTINLOGISTICS ON YAHOO, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angela Rich at (904) 618 - 1368 Area Code Daytime Telephone Number
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

INVESTIN LOGISTICS LLC 2022 JUN 16 AM 10: 22
(Name of the Limited Liability Company as it now appears on our records.)
The Articles of Organization for this Limited Liability Company were filed on 62 04 202Z and assigned
Florida document number L2200060116.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability 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)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registere</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, Florida City 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.

ging Hogistered 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Rich, Angela M	5102 Oak Bend Ave	XAdd
	Ŋ	Jacksonville, FL 322	5-1-Remove
			□Change
MCR	Coleman, Fareed M	5102 Oak Bend Ave	
		Jacksonville, FL 320	S7 Remove
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document's effective d	ate on the Department	of State's record	S.				
ne record specifies a del	aved effective date, bu	t not an effective	time, at 12:01 a.m	on the earlier of	(b) The 90t	h day afte	er the
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Dated Jun	e Stn	202	2_				
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Dated	/ W	שונה מונה	1 / \				
Dated	Signature	d a member or aut	horized representati	ve of a member			

Filing Fee: \$25.00