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## **COVER LETTER**

#### TO: Registration Section Division of Corporations

Twnty20 Logistics LLC.

SUBJECT:

Name of Limited Liability Company

#### The enclosed Articles of Amendment and feets) are submitted for filing

Please return all correspondence concerning this matter to the following

Gabriel Malave

Name of Person

Twmy20 Logistics ELC

Erm/Company

10023 CHIANA CIR

Address

Fort Myers, FL 33905-5407

City/State and Zip Code

Audi@twnty20logistics.com

In-mail address, no 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 & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed). \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy (senclosed)

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<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

#### TWNTY20 LOGISTICS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/08/2022 and assigned Florida document number 1.22000065460

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 "Eimited Liability Company," the designation "LLC" or the abbreviation "LLC"

### Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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Enter new mailing address, if applicable:	26	
(Mailing address MAY BE A POST OFFICE BOX)	 РН	<u></u> :
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		· ·
New Registered Office Address	Enter Florida street a	ldress
		. Florida
	(ບໍ່ກູ:	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 hability 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>	Name	Address	Type of Action
CEO	Yuri Sanchez	10023 CHIANA CIR, Fort Myers, FL 33905-5407	Add 🚍
			🗆 Remove
			[] [] Change
CE0	Amauris D. Malave	8465 S.W. 156 PL, UNIT 500 Miami, Fl 33193	🗆 Add
			🚊 Remove
		<u></u>	22 hange,
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	han the date of filing: $\frac{09/01}{2}$	2022	(opt	ional)	

If the record 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 record is filed

Dated September 18 2022

Gabriel Malave Signature of a member or authorized representative of a member

Gabriel Malave

Typed or printed name of signee