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(Cit	y/State/Zip/Phone #	9)
☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates or	f Status
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section Division of Corpor		. • •	
subject: PiHS	Name of Limit	GISTICS LL ted Liability Company	<u>.</u>
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Apr	Name of Person	
	Pitts Cre	2 W Logi Sh	ics UC
	3109	Avenue "	5"
	RivieraP	Lach, FI	33404
-	Cubrey E-mail address/(t	City/State and Z/p Code  Obe used for future annual repo	Q Vahoo Com
For further information conc	erning this matter, please ca	ill:	
Name of Pe	i+5	at (501) 41 Area Code D	D - 3773 Paytime Telephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	(S30.00 Filing Fee & Certificate of Status	☐ S55.00 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**

ARTICLES OF	ORGANIZATION 2. A. A.
	OF ORLAND
(Name of the Limited Liability Comp (A Florida Limited	ORGANIZATION OF  Only as it now appears on our records.  Clability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L22000</u> 693	こう ロトロつ こうれん
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia  The new name must be distinguishable and contain the words "Limited Liab	
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 agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	NIA
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.

If Changing Registered 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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	April Pitts	Address  BIO9 Avenue "S"  Riviera Beach, Fl	XAdd
	1	Riviera Beach, Fl	□Remove
		33404	□ Change
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Effective date, if other than the date of filing:	
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th ord is filed.	day after the
Dated February 22. 2022	
( h) 1 ( 1) x	