L22000083724

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SECRETARY OF STATE
TALLAHASSEE, FI

A. BUTLER APR 1 5 2022

COVER LETTER

	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing,	
lease return all correspo	ondence concerning this matter	to the following:	
	Sharon Lias		
	_	Name of Person	
		Firm/Company	
	4574 Winkler Ave Apt 206	1	
		Address	
	Foprt Myers, Florida 3396	6	
	Liaslogistics@gmail.com	City/State and Zip Code	
or further information c	E-mail address: (oncerning this matter, please of	to be used for future annual report notificall:	cation)
Shawn Lias		321 8001046	
Name of Person		Area Code Daytime	Telephone Number
inclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$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 (additional copy is enclosed
Mailing Addres		Street Address:	
Registration S	section	Registration Sect	ion

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

TO:

Registration Section Division of Corporations

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



Lias Logistics & Co 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 $\frac{02/21/2022}{1}$ Florida document number _____L22000083724 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, enter the name of the new registered agent and/or the new registered office address here: Shawntavish Lias Name of New Registered Agent: 4574 Winkler Ave Apt 206 New Registered Office Address: Enter Florida street address _, Florida 33966 Zip Code Fort Myers

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.

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Sharon Lias	4574 Winkler Ave Apt 206	≡ Add
		Fort Myers, FLorida 33966	-
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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f an effe <u>Note:</u> 1	etive date is listed, the late inserted	than the date of ne date must be specif i in this block does on the Departmen	fic and cannot be pr not meet the app	licable statutory fili	(option nore than 90 days after the ng requirements, this o	nal) ling.) Pursuant to 605.0207 date will not be listed as t
e record d is file		ed effective date, bu	nt not an effective	e time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
Dati I	March 09		2022			
Dated _		4	=) 		
	/	. //	マース ニーノー			

Typed or printed name of signee