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SECRETARY OF STATE

Y. SCOTT JUN 2 1 2022

COVER LETTER

Tallahassee, FL 32314

TO: Registration Sect Division of Corpo			
SUBJECT:	EAX HOMES Name of Limi	LLC Med Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Cathe	VINE RULES Name of Person	
	EAX	HOMES LLC Firm/Company	
	706	Segovia Ave	2022 APR SERRETA
	Davenpa	City/State and Zip Code	R 28 PH TARY OF TAHASSE
	E-mail address: (6	73200@ Juhco to be used for future annual report notifica	·Cames is
For further information co	ncerning this matter, please ca	all:	
Catherine Res	le. S erson	at (<u>{63}</u>) <u>QZZ</u> Area Code Daytime T	- 111 C
Enclosed is a check for the	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 Address: Registration So		Street Address: Registration Secti	on
Division of Co	rporations	Division of Corpo	orations
P.O. Box 6327 Tallahassee, F.		The Centre of Tal 2415 N. Monroe	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EAXHOMES	LLC
(Name of the Limited Liability Company (A Florida Limited Lia	ability Company)
The Articles of Organization for this Limited Liability Company will Florida document number <u>L220600980</u> 92	were filed on $\frac{212412022}{2022}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
EAX LOGISTICS, LLC	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2027 F
(Principal office address MUST BE A STREET ADDRESS)	THE POLICE OF TH
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	28 PH 2: 07 ARY OF STATE AHASSEE FL
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	idress on our records, <u>enter the name of the new register</u>
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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Addi
			□Remove
			□Change
<u></u>			□ Add
			SECRETA
			SECRETARY OF STATE ALLAHASSEE. FL
			☐ Change
			□Add
			□Remove
			□Change
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			□ Add
			□Remove
			Change

E. Effective date, if other than the date of filing: ((If an effective date is listed, the date must be specific and earnot be prior to date of filing or more than 90 days after filing.) Pursuant to 68. Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. 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 aft record is filed.	late, if other than the date of filing:		This business is not real estate.
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