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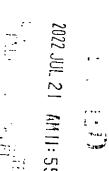
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COVER LETTER

Division of Corp			
SUBJECT:	Ya: Tal, T	KUCKING LLC ted Liability Confpany	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	ndence concerning this matter t	o the following:	
	Trai	CU RUBINS	<i>o</i> n
	Tra	Fin/Company	rg, LLC
	IU 2:	4 Corey Woo	d Circle
	Talla	MUSSEE FL 3 City/State and Zip Code	32304
	E-mail address: (1	1829 CY (1900). o be used for future applical report notifi	COM cation)
For further information co	oncerning this matter, please ca	ill:	
TMCU Name of	URUNINSON Person	at (SSD) (OSC) Area Code Daytime) · 2917 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration 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 THE THE THEOLOGY, L.C.



2022 JUL 21 AM 11:55

1 . 00		 	一点。 。(前)
(Name of the Limited Li (A F)	ability Company as it now orida Limited Liability Con	4ppears on our records.)	Marie Carlo
The Articles of Organization for this Limited Liabili Florida document number <u>L 22 000 10 00</u>	ty Company were filed	on March 1,	2022 and assigned
This amendment is submitted to amend the following	ā:		
A. If amending name, enter the new name of the TW 1 TW LOGISTIC	SLIC		he abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET AL	:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	 		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		our records, enter the	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street address	
		, Florid	a
-	Cirv	,	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗀 Add
			□Remove
			Change
		.	□Add
			□ Rепюче
			□Change
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(If an eff Note:	ive date, if other than the date of filing:
he recor ord is fi	d 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 led.
Dated	
	Signature of a member or authorized representative of a member
	Tracu Urobinson

Filing Fee: \$25.00