# L22000120037

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## COVER LETTER

Division of Co			•
SUBJECT: LeeWay I	ogistics LLC		
	Name of Linux	ted Liability Company	-
The enclosed Articles o	f Amendment and feers) are subr	nitted for filing.	
	ondence concerning this matter t		
riease temm an corresp	ondence concerning ims maner i	o the ronowing.	
	La'Tisha Lobban		
		Name of Person	
	LeeWay Logistics LLC		
		Firm Company	<del></del>
	1727 Leybourne Loop		
		Address	
	Wesley Chapel, FL		
		City State and Zip Code	
	leewaylogisticsllc2022@gm E-mail address: (to	ail.com o be used for future amuai report notific	ationi
For further information	concerning this matter, please ca	·	
La'Tisha Lobban		at ( \$13 ) 573-5163	
Name	of Person	Area Code Daytime	Felephone Numbe:
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	2 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 63	Section Corporations 27	Street Address: Registration Sect Division of Corpo The Centre of Ta	orations Hahassee
Tallahassee.	FL 32314	2415 N. Monroe ( Tallahassee, FL 3	

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LeeWay Logistics LLC		
( <u>Name of the Limited Liabllity C</u> (A Florida Lin	ompany as it now appears on our record inted Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liability Com	pany were filed on March 9, 2022	and assigned
Torida document number L22000120037		
his amendment is submitted to amend the following:		
x. If amending name, enter the new name of the limited	liability company here:	
Lee-Way Enterprise LLC		
he 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:		
<u>Principal office address MUST BE A STREET ADDRES</u>	<u></u>	
		<b>2023</b>
	···	T See T
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		SS TO
Annual management of the Body	<del></del>	THO &
	<del></del>	
3. If amending the registered agent and/or registered of	Tice address on our records, enter	the name of the new registe
gent and/or the new registered office address here:	THE MAN THE STATE OF THE STATE	THE BUILD OF THE BEST TELEFACE
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fiorida street addres	5
	, F)	orida
*	Ciry	Zıp 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>	<u>Address</u>	Type of Action
			Add
			TRemove
			Change
			□Remove
		<del></del>	
		☐Remove	
		<del> </del>	
		<del></del>	
			Change

#### Page 2 of 3

<del>,</del>	
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<del>.</del>	
(If an effective Note: If th	late, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the half the record is filed.
Dated July	La List Low
	Signature of a member of authorized representative of a member
	La Tisha Lobban
	Typed or printed name of signee