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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

	Registration Se Division of Cor			
cun ir c		S LOGISTICS LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	indence concerning this matter	to the following:	
		ODYSSEY D KING		
			Name of Person	
		SUMMERS LOGISTICS I	.LC	
			Firm/Company	
		9058 FREE AVE		
			Address	
		JACKSONVILLE, FL 322	211	
			City/State and Zip Code	
		SUMMERSLOGISTICS20(•	
For furth	er information c	e-mail address: (oncerning this matter, please ca	to be used for future annual report noti all:	neation)
	EY D KING		318 605-0080	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.4	00 Filing Fee	S30.00 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 Addres Registration S		Street Address: Registration Sec	etion
	Division of C	orporations	Division of Cor	porations
	P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F!! ED 2022 HAY 27 PM 10: 02

SUMMERS LOGISTICS LLC

company has been notified in writing of this change.

(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 MARCH 23, 202	22 and assigned
Florida document number L22000142531		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office a	address on our records, <u>enter</u>	r the name of the new register
agent and/or the new registered office address here:		
N. C. C. D. Carrilla and		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	res
	, Fl	lorida
New Registered Agent's Signature, if changing Registered Agent:	•	·
I hereby accept the appointment as registered agent and agrophics of all statutes relative to the proper and complete	performance of my duties, a	nd I am familiar with and
accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office		

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
MGR	JUDITH L JACOBS	9058 FREE AVE	
		JACKSONVILLE, FL 32211	≣Remove
			□Change
MGR ODYSSEY D KINC	ODYSSEY D KING	9058 FREE AVE	
		JACKSONVILLE, FL 32211	□Remove
		•	□ Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

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