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(Requestor's Name)
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(Business Entity Name)
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05/24/22--01002--002 **25.00

2022 MAY 23 AM II: 36 SECRETARY OF STAIL TALLAHASSEE, FL

THE CONTRACTOR

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

		LOGISTICS LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
	<u> </u>	Firm/Company	
	17350 STATE HWY 249 S	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
LOVETTE DOBSON		1 888-462-345	3
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for the	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 Address Registration	Section	Street Address: Registration Sec	
Division of C	forporations	Division of Cor	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 MAY 23 AM 11: 36

BESTDUNN LO	GISTICS LLC	7077 MAY 23	AM 11: 36 📗
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our stability Company)	ecords.) SECRETARY (TALLAHASS	OF STATE
The Articles of Organization for this Limited Liability Company	were filed on (14/19/2022)		and assigned
lorida document number 1.22000186877			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liabi	lity company here:		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbre	viation "L.L.C."
inter new principal offices address, if applicable:	304 E PINE ST #1225		
Principal office address MUST BE A STREET ADDRESS)	LAKELAND, FL 33801		_
Enter new mailing address, if applicable:	304 E PINE ST #1225		
Mailing address MAY BE A POST OFFICE BOX)	LAKELAND, FL 33801		<u>-</u>
<u>, </u>			
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	duress on our records,	enter the name o	The new regis
New Registered Office Address:	Enter Florida street		
	rnier vioriaa sireei	aaaress	
		_, Florida	20.01
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agreer or ovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti provided for in Chapter	es, and I am fam 605, F.S. Or, if i	iliar with and his document
If Char	iging Registered Agent, Signa	nture of New Registr	ered Agent

11 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
AMBR	DARRIN DUNN	304 E PINE ST #1225	□Add
		LAKELAND, FL 33801	□Remove
			■ Change
			□Add
			□Remove
			□Change
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Note: If the date in	nserted in this block o	pecific and cannot be prid loes not meet the appli ment of State's record	cable statutory fili	(opti more than 90 days after ng requirements, thi	onal) filing.) Pursuant to 605.020 s date will not be listed as
If the record specifies a record is filed.	delayed effective dat	e, but not an effective	time, at 12:01 a.m	. on the earlier of: (b) The 90th day after the
MANAGER	l - -	. 2022	<u>.</u>		
Dated MAY 16TH					
Dated MAT 161H	<u>Dav</u>	im Dwr ature of a member or aut	horized representative	re of a member	

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