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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	Pelikin Pro Log	istics LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ē	Name of Person		
		Name of Person		
	Pelikin	Pro Logistic	s LLC	<u>.</u>
		· ····································		
	838 W	indsor St		
	,	Address		·
	Lakelar	d F1 3380 City/State and Zip Code	3	
	E-mail address: (t	(UZ73) gmail	report notification	n)
For further information c	concerning this matter, please ca	di:		
	· Cpr	at (863) Area Code	529-479	5
Name o	of Person	Area Code	Daytime Telep	phone Number
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is ea		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres			Address;	
Registration S Division of C		•	ration Section on of Corporat	ions
P.O. Box 632			entre of Tallah	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

Palikin	Pro Logistics LL	f .	2022 MAY 27 AH 9: 20
(Name of the Limited Li	ability Company as it now appear orida Limited Liability Company)	s on our records.)	SEULE HARY OF STATE TALLAHASSEE, FL
(A FI	orida Limited Liability Company)		TALLAHASSEE, FL
The Articles of Organization for this Limited Liabili	ty Company were filed on	4-25-22	and assigned
Florida document number <u>L 22000 943</u>	<u>95</u> .		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words	"I imited I jability Company " the de	signation "I I ("" or	the abbreviation "LLC"
<u>-</u>			
Enter new principal offices address, if applicable	<u> </u>	····	
(Principal office address MUST BE A STREET A)	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or regist		cords, enter the	name of the new registered
agent and/or the new registered office address he	<u>re</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	ida street address	
		, Florid	8 Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Regis	tered 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 added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Edwin CNZ Jr	838 Windsor St	□Add
		Lakeland F1 33403	□Remove
			™ Change
AMBR	Isaigh J. CNZ	838 Windsor St	□Add
		Lakeland, F1 33803	□Remove
		©Change	
-			□ Add
		□Remove	
			□Change
			□Remove
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		□ Ad d	
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Note: If the	late, if other than the date of filing: 5-23-22 (optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed s effective date on the Department of State's records.	
ne record spoord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated	May 23 2022.	
	Edwin S	
	Signature of a member or authorized representative of a member	
	Signature of a monitor of authorized representative of a monitor	