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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LOGISTICS LAC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Harold Thatahan Name of Person
Ingraham Law Mantenance Lice &
325 Grand Club Place
Fix Pierce, FL 34982 City/State and Zip Code
Fankhoad 890102 Camal, Com E-mail address: (to be used for furture annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Thyraham Law Mair (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 2200 19890.	y were filed on <u>4-210-2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial The new name must be distinguishable and contain the words "Limited Liab		reviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	130 South Indian Suite 202 Fort Pierce, FL	1 River Dr 34950
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	325 Grand Club 1 Fort Pierce, FL 39	Place -1982
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:	J/A	<u> </u>
New Registered Office Address:	Enter Florida street address , Florida	7
	City	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 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
			□Remove
			□Change
			□Add
			□Remove
		·	SEC ForChange.
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			□Remove
			□ Cb.,,

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ective date, if other than the date of filing: 4-22-324 n effective date is listed, the date must be specific and cannot be prior to date of filing or more than te: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the east filed.	arlier of: (b) The 90th day after the
red April, 22 . 2024.	
Signature of a member or authorized representative of a men	

Filing Fee: \$25.00