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## **COVER LETTER**

TO: Registration So Division of Cor			
Flyfar Logi SUBJECT:	istics, LLC		
SUBJECT:	Name of Lim	ited Liability Company	72 dat
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
	ondence concerning this matter	_	
	Shayne T Flynn		
		Name of Person	
	Flyfar Logistics, LLC		
		Firm/Company	<del></del>
	9110 Beaverhead Ave		
		Address	
	Englewood, FL 34224		
	<del>,-</del>	City/State and Zip Code	
	flyfarlogistics@gmail.com	to be used for future annual report noti	Gentian)
For further information c	oncerning this matter, please c	·	
Shayne Flynn		941 268-5382	
Name o	f Person	at ( ) 268-5382   Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	_	☐ \$55.00 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		<u>Street Address:</u> Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	.7	The Centre of T	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 HAY 27 PM 10: 04

Flyfar Logistics, LLC		TALL THASSEE, FI
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	nany as it now appears on our records (Liability Company)	<del>,) intermitto</del> see, fil
The Articles of Organization for this Limited Liability Compan Florida document number 1.22000201113	y were filed on 04/27/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter t	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		· <u>···</u>
	Enter Florida street address	
	, Flo	rida
New Registered Agent's Signature, if changing Registered Agen	•	гар с оне
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	– gree to act in this capacity. I fur te performance of my duties, and s provided for in Chapter 605, I	d I am familiar with and E.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Shayne T Flynn	9110 Beaverhead Ave, Englewood, FL 34224	<b>=</b> Add
			□Remove
		-	□Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			[]Remove
			□Change
			DAdd
			□Remove
			□Change

fan e <u>Note:</u>	tive date, if other than the date of filing:
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
	d 05/25/2022
Dated	
Dated	Signature of a member or authorized representative of a member