

L22 000 207 696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

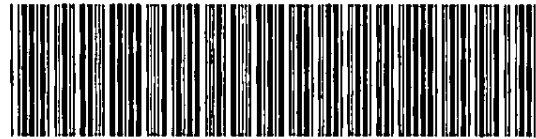
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Plus-1 Logistics LLC
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:

Jeff Louis
Name of Person

Plus-1 Logistics LLC
Firm/Company

320 NE 25th ST APT A1
Address

Pompano Beach, FL 33060
City/State and Zip Code

Jeffwillem.louis@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Louis at (904) 698-1212
Name of Person Area Code Daytime Telephone Number
or:
Brunia Danasor at (954) 914-1090

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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

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TALLAHASSEE, FL

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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SECRETARY OF STATE
TALLAHASSEE, FL

Plus-1 Logistics LLC

(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 04/28/2022 and assigned
Florida document number L22000201696.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jeff Louis

New Registered Office Address:

320 NE. 25th ST APT A1

Enter Florida street address

Pompano Beach

City

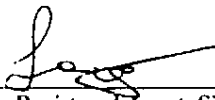
Florida

33060

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 Changing Registered Agent, Signature of New Registered Agent

Title	Name	Address	Type of Action
R.A.	Brunia Danaster	3620 NW 34 th Ave	<input type="checkbox"/> Add
		Lauderdale Lakes, FL	<input checked="" type="checkbox"/> Remove
		33309	<input type="checkbox"/> Change
P	Brunia Danaster	3620 NW 34 th Ave	<input type="checkbox"/> Add
		Lauderdale Lakes, FL	<input checked="" type="checkbox"/> Remove
		33309	<input type="checkbox"/> Change
R.A.	Jeff Louis	320 NE 25 th ST APT A1	<input checked="" type="checkbox"/> Add
		Pompano Beach, FL	<input type="checkbox"/> Remove
		33060	<input type="checkbox"/> Change
P	Jeff Louis	320 N.E. 25 th ST APT A1	<input checked="" type="checkbox"/> Add
		Pompano Beach, FL	<input type="checkbox"/> Remove
		33060	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(If an effective 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 605.0207 (3)(b)

If the record 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 record is filed.

Dated 08/25 2022


Signature of a member or authorized representative of a member

Jeff Louis

Typed or printed name of signee