## 122000204718

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

	ition Section of Corporations	i			
SUBJECT:(	<u>Pavsway</u>	Name of Lie	njied Liability Company		
		ent and fee(s) are su	-		
Please return all c	orrespondence co	Soshu	r to the following:  19	vell	<del></del>
			Firm/Company		
	<u></u>	111 Eastr	ridge Srive		
			FL 32 726 City/State and Zip Code Ogmuil. com (to be used for future annual		
For further inform		this matter, please		report nonneation)	
Joshua	Caus we Name of Person	•//	at ( <u>347</u> ) <u>4</u> Area Code	982-74/5 Daytime Teleph	one Number
Enclosed is a chec	ck for the followi	ng amount:			/
☐ \$25.00 Filing	,	.00 Filing Fee & entificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing	Address:		Street A	Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

(Name of the Limited Liability Compa-	ng LLC  nvas it now appears on our records.)  Lability Company)	MASSE FL
The Articles of Organization for this Limited Liability Company Florida document number 422000204718	were filed on April 29 <sup>th</sup>	2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil Causway Logistics LLC. The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	111 Eastridge DI	IVC
(Mailing address MAY BE A POST OFFICE BOX)	111 Eastridge Dr. Eustis, FL 3272	6
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter th	e name of the new registered
		ida
<del></del>	City	ida 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>	Address	Type of Action
			□Add
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