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

Division of Cor	. •		Marine .
* SUBJECT:	Global Link	S Logistics & Trained Liability Company	is portation LLC
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
	ndence concerning this matter t		
	Victor	Pugh	
	· · ·	Name of Person	
			·
	_	Firm/Company	
	7)4 1	Hodge Road	
	` <u>_</u>	Address	
	Pens	acela 1 Fl 32514	
	yden	City/State and Zip Code O O O O O O O O O O O O O O O O O O O	
Car Carbar in Commenters			ation)
Vida	oncerning this matter, please ca	at (\$50) Daytime	0-582
Name o	f Persorl	Area Code Daytime	relephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sect	ion

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 FILED OF

The Articles of Organization for this Limited Liability Company were filed on _ Florida document number 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: New Registered Office Address: Enter Florida street address

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

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 Title Address Name Victor COSOCOLATE 32514 FRemove _____ Change Briana Bolar \square Add __ □Remove ☐ Change __ 🗆 Add _ □Remove □ Change □Add Remove _ □Change _ □Add _ □Remove Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
Effective date, if other than the date of filing: 7-21-202 (optional) (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	
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 cord is filed.	r the
Dated $7-21-22$.	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

Filing Fee: \$25.00