L22 000 243 272

(Requ	uestor's Name)	
	.	
(Addr	ress)	
(Addı	ress)	
`	,	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doc)	ument Number)	
(500)	ament Nambery	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



100396322851

10/20/22 -- G1010--024 +*25.10

TECRETARY OF SIME

COVEDIETTED

_		•	COACK PELLEN*		•	
TO:	Registration Sect Division of Corpo		# • • • • • • • • • • • • • • • • • • •			
SUBJE	ECT: Zykus	Name of Pont	and logicity Company	Secvice LLC		
The en	closed Articles of Ar	nendment and fee(s) are subt	mitted for filing			
Please	teturi all correspond	lence concerning this matter	to the following:			
		Cory	Name of Person			
		Zykacie Truc	King Corrol logisti	ics reconcer We		
		3207 Cain	ec ril thiplup	132428		
		Chipley F	L. 3つ4つる City State and Zip Code		2022 OCT 28 SECRETAR)	ETTING.
		Coste ostogisti	to be used for future annual report	t notification)		- creating
For fur	ther information con	cerning this matter, please ea	di.		PH 3: 03	
<u>C'e</u>	です 行びられる Name of F	z' 'etson	at (<u>850</u>) <u>Obt</u> Area Code Di) - 6 (lele ytime Telephone Number	03	
Enclos	ed is a check for the	following amount:				
= \$2	5 00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy	■ \$60 00 Filu Certiñeate	ng Fee. of Statu &	

Mailing Address:

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

Street Address:

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status & Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

and logistics Services CLC ted Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabili	ity Company were	e filed on	05/25/	<u>7</u> 022	md assig	gned
Florida document number <u>LZZ(000</u> 243	212					
This amendment is submitted to amend the following	ıg:					
A. If amending name, enter the new name of the	limited liability	company he	<u>re</u> :			
The new name must be distinguishable and contain the words	"Limited Liability C	ompany," the de	rsignation "LLC" or	the abbreviat	tion "L.L.	.c."
Enter new principal offices address, if applicable	:					
(Principal office address MUST BE A STREET A	DDRESS)	 				
	_			<u> 7</u> <u></u>	022	
				RET	000	b (
Enter new mailing address, if applicable:	***			<u> </u>	28	V. 3217
(Mailing address MAY BE A POST OFFICE BOX	<u>0</u> _			200	70	163
				نیا (<i>ل</i> ا تیان	<u>ن</u> ب	(and
				근길	: 03	
B. If amending the registered agent and/or regist		ess on our re	cords, <u>enter the</u>	name of t	ne new	registered
agent and/or the new registered office address he	<u>re</u> :					
Name of New Registered Agent			,			
New Registered Office Address.		,				
		Enter Flori	da street address			
<u> </u>			, Florid	la		
		City		Zip	Code	
New Registered Agent's Signature, if changing Regis	dered 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. Thereby 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Amandal prood		= Add
		3207 Gainer Rachiplay ?	Remove
			\exists Change
			≡ ∧dd
			≣ Remove
			☐ Change
			■Add
		SECRI	Remove 1022 OCT 28
		SECRETARY DE S	Change 20 Add 11
			Add ## Add ## ARemove
			≣Add
			≣Remove
			≣ Change
	·		≣∧dd
			Remove
			Change

									· · · · · · · · · · · · · · · · · · ·	-
										-
						·				-
										-
						<u> </u>				-
										-
										_
										_
								9	S 20	
	•							ALI	22 00	-
							·	AHAS	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- ~1 , s
					********			270	<u> </u>	- : ;" ;
								717 717 717	0 ()	- (
				.,				<u> </u>	<u> </u>	•
								·		-
			· · ·							-
									····	-
ffective da an effective of	ite, if other th	an the date date must be sp	of filing: ecitic and c	annot be pric	r to date of fi	ling or more t	(0) han 90 days a	p tional) iter tiling.) Pur	suant to 60:	5.020
	date inserted ir effective date o					ory filing re-	quirements,	this date will	not be list	ted a
l is filed.	ifies a delayed								th day afte	er the
	n# (* # /	ر د د د د								
Dated	05/0 4 / 	_ * ' \- (· ·					
	Car	<u></u>	حيحات							

Fifing Fee: \$25.00