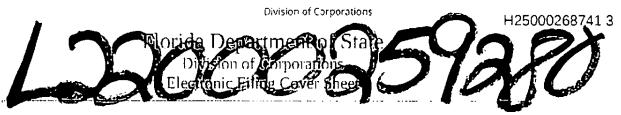
7/31/25, 5.02 PM



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(((H25000268741 3)))



H250002607410ADG2

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190

Phone : (844)449-3624 Fax Number : (512)597-0678

Enter the email address for this business entity to be used for fututy** 🕰 annual report mailings. Enter only one email address please.**

Email Address:



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4U6 -4 2025 T. LEMIEUX

COVER LETTER

H25000268741 3

TO:	Registration Se Division of Cor			·
£11.13.13.	ASK Elite I	Logistics ELC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please (return all correspo	indence concerning this matter	to the following:	
		Diego Cruz		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		ZenBusiness INC		
			Firm/Company	
		336 E. College Ave Suite	301	
			Address	**
		Tullahassee, FL 32301		
		fulfillment@zenhusiness.cc	City/State and Zip Code on) to be used for future annual report nor	
For fort	her information c	oncerning this matter, please of	·	(111:341 GH)
cin Ze	nBusiness INC		844 493-6249 at () Area Code Daytin	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Finalose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Cupy (additional copy is anclosed)
	Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee, J	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of 1 2415 N. Monro Tallahassec, FL	rporations Fallahassee oc Street, Suite 810

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H25000268741 3

(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 Liabi Florida document number 1.72000259780	ility Company were filed on 2022-06-06 and assigned			
This amendment is submitted to amend the followi	ing:			
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:			
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LEC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable	c:			
(Principal office address MUST BE A STREET A	(DDRESS)			
• • • • • • • • • • • • • • • • • • • •	20.25 20.25			
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered and/or the new registered office address b	stered office address on our records, enter the name of the new regist			
Muiling address MAY BE A POST OFFICE BO. 3. If amending the registered agent and/or registered office address b	stered office address on our records, enter the name of the new regist			
Mailing address MAY BE A POST OFFICE BO. 3. If amending the registered agent and/or registered affice address have a Name of New Registered Agent:	stered office address on our records, enter the name of the new regis			
Mailing address MAY BE A POST OFFICE BO 3. If amending the registered agent and/or registered office address b	stered office address on our records, enter the name of the new registers:			
Mailing address MAY BE A POST OFFICE BO. 3. If amending the registered agent and/or registered affice address have a Name of New Registered Agent:	stered office address on our records, enter the name of the new regis tere:			

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

H25000268741 3 If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

18506176383

MGR = Manager AMBR = Authorized Member

To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Keesley Simpkins	250 Cherry Ridge Drive Apt 1433	□Add
		Jacksonville, FL 32222	∐Remove
			■ Change
AMBR	Alexandria Lamorris Wilson	250 Cherry Ridge Dr Apt 14331	■Add
		Jacksonville, FL 32222	□Romove
			Change
			C iAdd
			□Remove

			UAdd
			IRemove
			Change
			ĿAdd
			□Remove
			C)Change

To:

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an effective date is listed, the date of the late of the date inserted in this		able statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.020 ements, this date will not be listed as
	etive date, but not an effective in	ime, at 12:01 a.m. on the e	artier of: (b) The 90th day after the
is filed.	retive date, but not an effective to		arlier of: (b) The 90th day after the
is filed.	2025 		
is filed. ated 7/31	2025		