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SECRETARY OF STATE CORPORATIONS
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## **COVER LETTER**

Registration Section

TO:

Division of Corp	oorations		
e-B.M.W. L	ogistics, LLC	•	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Margaret B. Charles		
		Name of Person	
	e-B.M.W. Logistics, LLC		
		Firm/Company	
	5984 Ellis Hollow Road W	est	
		Address	
	Lake Worth, Florida 33463		
		City/State and Zip Code	·
	ebmwlogistics@gmail.com E-mail address: ()	o be used for future annual report not	ification)
For further information c	oncerning this matter, please ca		
Margaret B. Charles		954 600.2291	
	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9 Division of C P.O. Box 632	Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations
Tallahassee,		2415 N. Monr	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT . . TO ARTICLES OF ORGANIZATION OF

E-B.M.W. 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 13 | une 2022 | and assigned Florida document number <u>L22000267815</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: e-B.M.W. Logistics, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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.

Cinv

If Changing Registered Agent, Signature of New Registered Agent

Change name for:

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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effective date is listed, the date m	ne date of filing: (optional) ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60	05,020
	block does not meet the applicable statutory filing requirements, this date will not be li- Department of State's records.	sted a
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cord specifies a delayed effect offied.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aff	ter the
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ed August 4		
1/	(1/2)	
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1	Signature of a member or authorized representative of a member	

Typed or printed name of signee