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COVER LETTER

Division of Cor	porations		•
SUBJECT: MIK	E Lennett Name of Lim	15 LOGISTIC	S LLC .
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael	Lennett JY Name of Person	2 .
	Mire Lenv	12++15 LUGIS	otics LLC
	606 SE	18th terrac	e
	Cape Cord	City/State and Zip Code	10
	Milnette E-mail address: (73 @ amail. Co	fication)
For further information c	oncerning this matter, please ca	all:	
Michael Name o	Lennett Person	at (<u>239</u>) <u>823</u> Area Code Daytime	e 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO: Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: 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

FILED

MIKE Lennet	d Liability Compan A Florida Limited Li	OISTI Ly as II non appear. (ability Company)	<u>5</u> L	2022 JUL SECRETA	25 PM 12	: 46
The Articles of Organization for this Limited Lia Florida document number <u>L22000</u> 2			6/27/	2022	and assig	med
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liabil	ity company he	ere:			
Enter new principal offices address, if applica (Principal office address MUST BE A STREET						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>				·	
B. If amending the registered agent and/or re agent and/or the new registered office address	here:		_		of the new	registered
Name of New Registered Agent:	MICH	<u> </u>	enn		<u> JK</u>	
New Registered Office Address:	Colle	SE 19 Enter Flor	rida street add	TCT (ace	
	<u>cape</u>	City:		Florida	Zip Code	<u>D</u> _

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Remove
		 	
			Remove
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Filing Fee: \$25.00