Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

 $\ddot{\sim}$

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROCKWALL LOGISTICS LLC

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Certified Copy	0
Page Count	04
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C. BRUMBLEY

UEU - 7 2022

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rockwall 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 07/01/22

Florida document number L22000297736

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 "LLC."

Enter new principal offices address, if applicable: 150 Moss Dr

(Principal office address MUST BE A STREET ADDRESS) Debary FL 32713

Enter new mailing address, if applicable: 150 Moss Dr

(Mailing address MAY BE A POST OFFICE BOX) Debary FL 32713

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered

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:	<u> </u>	
New Registered Office Address:		
	Enter Florida street aa	idress
		, Florida
	Cin	Zin Code

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
AMBR	MIXON, KATHERINE	150 Moss Dr	□Add
		Debary FL 32713	□Remove
			X Change
			□Remove
			□Change
***************************************			□Add
			□Remove
			□Change
			[]Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			Remove
			□Change

D. If ameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(If an effecti Note: If	e date, if other than the date of filing:
f the record s ecord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the I.
Dated	December 6 2022
	=
	Signature of a member or authorized representative of a member
	Morgan Noble Eyped or printed name of signee

Filing Fee: \$25.00