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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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2022 OCT -4 PH 12: 3

COVER LETTER

TO:	Registration Sec Division of Corp			1
SUBJE	ect: <u>M FIVE L</u>	OGISTICS LLC Name of Limi	ited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please:	return all correspor	ndence concerning this matter	to the following:	
		Corpor	ate Maintenance Le	ad
			Name of Person	
		Proc	essing Department	
•			Firm/Company	<u>.</u>
		1	450 Vassar St	202
			Address	2 00
			Reno, NV 89502	2022 OCT -4 PH 12: 3
			City/State and Zip Code	10
		E-mail address: (1	to be used for future annual report notif	ication)
For fur	ther information or	oncerning this matter, please ca	•	$\frac{\omega}{2}$
10110	aici imormadon «	'	•••	
	Processi	ing Department	at (800) 638-2320	
	Name of	Person		e Telephone Number
Enclos	ed is a check for th	e following amount:		
⊡ \$ 2:	5.00 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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M FIVE LOG	•		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.)		
The Articles of Organization for this Limited Liability Company		and assigned	
Florida document number L22000313210			
Florida document number			
This amendment is submitted to amend the following:		2022 OCT	
A. If amending name, enter the new name of the limited liab	ility company here:	200]
			ر- دند
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	10302 Carloway Hills Dr.	PH	
(Principal office address MUST BE A STREET ADDRESS)	Wimauma	ω	
	FL 33598	-	
Enter new mailing address, if applicable:	10302 Carloway Hills Dr.		
(Mailing address MAY BE A POST OFFICE BOX)	Wimauma		
	FL 33598		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:		the name of the	new
THE PERSON AS A PROPERTY.	Enter Florida street address		
	, Florida		
	City	Zip 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 Type of Action <u>Title</u> <u>Address</u> Name □ Add □ Remove ☐ Change □ Add 2022 ___ Remove _□ Change ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove Change

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Filing Fee: \$25.00