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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: 2	an circle Logis	ited Liability Company							
	Name of Lim	ited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.							
Please return all correspo	ondence concerning this matter	to the following:							
	Larry	Name of Person							
	, , , , ,	sela da reledia a							
		role 1@sistics Firm/Company							
	290 Hz	114 Circit							
		Address							
	Puin	Cy F 32352 City/State and Zip Code							
		on, come and say owne							
	E-mail address: (ee) 1911 Q. Gmail. to be used for future annual report notif	ication)						
For further information e	oncerning this matter, please e	all:							
Lory	Reed	$\underbrace{\text{at}\left(\frac{\mathcal{E}/\mathcal{B}}{\text{Area Code}}\right)}_{\text{Area Code}} \underbrace{\frac{947}{947}}_{\text{Daytime}}$	5218						
Name o	ii reison	Area Code Daytime	r reiepnone Number						
Enclosed is a check for the	he 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)						
Mailing Address Registration 9 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations						
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810							

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	csistics	
(Name of the Limited Liability Com (A Florida Limited	d Liability Company)	<u>n gar records.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on	- 2 (- 2 c 2 Z and assigned
Florida document number <u>L 2 2 000 3 28073</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here	;
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
		1 Trans
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	<u> </u>
D. If amonding the registered areas and/amondistant 4.65	4 4	7.1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our rec	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Neglatered Office Fiduress.	Enter Florida	street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of m is provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is
If Ch	nanging Registered Agen	t. Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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