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COVER LETTER

Division of Corporations
SUBJECT: Clay-KS hogistics way the Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Savannah Owens Name of Person
Clarks 10918+1CS Way LLC
1351 Castelnau Court API 3
Tallahassee, FL 32301 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Savanah augus at (80) 3031476 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$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 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

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	2023 1
The Articles of Organization for this Limited Liability Company Florida document number 1 22 00 329 189. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words. Limited Liability	oility company here:	T AN II: 00
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1351 Castelran APt 3 Tallahassee, FL	22301
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1351 Castelna Apt 3 Tallahassee,	•
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the r	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tourean Clark	400 (apital Cir SE	□Add
		StE 18285	Remove
		Tallahassee, FL, 3,2301	□ Change
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fective date, if in effective date is lote: If the date in cument's effective	nserted in this	s block does m	ot meet the a	pplicable stat	filing or more the	doption 90 days after paircments, this	onal) filing.) Pursuant to s date will not be	605.0207 : listed as t
ecord specifies a is filed.	delayed effe	ctive date, but	not an effect	ive time, at 1	2:01 a.m. on th	e earlier of: (b) The 90th day	after the
nted May	16th	2023/	<u> </u>	 W.W.				
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		Signature	Tu manahara	emthorizat ==	presentative of a	mambar		_