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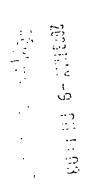
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





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COVER LETTER

	Registration Se Division of Cor			
CHRIC	TCC Logist			
SUBJEC	T:	Name of Lim	ited Liability Company	
The encto	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Travis Miller		
			Name of Person	
		TCC Logistics LLC		
			Firm/Company	
		14765 SW Cherokee Dr		2023 5-2
			Address	
		Indiantown, FL 34956		
			City/State and Zip Code	 .
		tclogisticstl@gmail.com		PR 13.03
		E-mail address; (to be used for future annual report notification)	r T
For further	er information c	oncerning this matter, please c	all:	
Travis M	iller		561 673-7978	
	Name o	f Person	Area Code Daytime Telephone 1	Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee. ertificate of Status & ertified Copy Iditional copy is enclosed)
-	Mailing Addres		Street Address: Registration Section	
Registration Section Division of Corporations			Division of Corporations	
	P.O. Box 632		The Centre of Tallahassee	
	Tallahassee, I	·1, 32314	2415 N. Monroe Street, S	uite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u></u>			
pany as it now appears on our records.) I Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 08/09/2022 Torida document number 1.22000350141			
bility company here:			
pility Company," the designation "LLC" (or the abbreviation "L.L.C."		
<u></u>			
	(0)		
	- 4 		
	(<u>T</u>)		
: address on our records, <u>enter th</u>	ie name of the new registe		
Enter Florida street address			
, Flor ,	ida Zip Code		
	bility company here: bility Company," the designation "LLC" of the designation "LLC" of the designation and the designation "LLC" of the designation and the designation and the designation and the designation are address on our records, enter the designation and the designation are address on our records, enter the designation and the designation are address on our records, enter the designation are address on our records.		

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 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	Caitlin Wells	· · · · · · · · · · · · · · · · · · ·	□Add
		14765 SW Cherokee Dr. Indiantown, FL 34956	≣Remove
			□Change
			□Add
			□Remove
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ective date, if other than the a effective date is listed, the date muster. If the date inserted in this blument's effective date on the December 2.	t be specific and cannot be prior to date of ock does not meet the applicable sta	(opti f filing or more than 90 days afte tutory filing requirements, thi	onal) : filing.) Pu s date will	suant to 605.0 not be listed
cord specifies a delayed effectives filed.	e date, but not an effective time, at 1	2:01 a.m. on the earlier of: (t) The 90	th day after t
May 5	. 2023			
	A.I.			