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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-

Office Use Only



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2022 SEP 26 PM 3: 41
SECRETARY OF STATE
TALLAHASSES FATE

COVER LETTER

	tion Section of Corpora	ations				^
SUBJECT:	00	the rise	logistic Dis	patchi	nglla	_ -
	_	Name of Limi	ited Liability Company	-1	J	
The enclosed Artic	cles of Ame	endment and fee(s) are sub-	mitted for filing.			
		nce concerning this matter	<u>-</u>			
		Migin	1 lewis			
		J	Name of Person			
	-		Firm/Company + C.+		2022 SE SECRE	****
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		Coral So	Address OTHES TO 3 City/Stale and Zip Code	3065	022 SEP 26 PM 3: 4 SECRETARY OF STAT TALLAHASSEE, FL	2.7
	_	E-mail address: (1		OCCUM	~ -	
For further inform	nation conce	erning this matter, please ca	all:		_	
W: d	Name of Per	son Lewis	at (<u>154</u>) <u>246</u> Area Code Daytime	- (8) Telephone Number	9_	
Enclosed is a chec	ck for the fo	llowing amount:				
\$25.00 Filing	Fee E	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
Mailing . Registra	Address: ation Sect	ion	Street Address: Registration Sec	tion		
	n of Corp ox 6327	orations	Division of Corp The Centre of Ta			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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. Thereby 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>	Name	Address	Type of Action
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Filing Fee: \$25.00