Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COPY THAT LOGISTICS LLC

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Page Count	04
Estimated Charge	\$25.00

DEC 1 4 2022 A. LUNT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Copy That Logistics LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	y were filed on 08/15/2	22 and assigned
Florida document number L22000359210		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ality Company," the designation	on "LEC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		PE 1.112 - 11.21 .
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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 name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent	_	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my dui	ies, and I am familiar with and

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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
AMBR	ATLAS	7901 4th St N STE 300	X Add
		St. Petersburg, FL 33702	TRemove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□ Change
		□Remove	
			□Change
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			□Add
			□Remove
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			□Change

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Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applic	able statutory filing:	(optional) e than 90 days after filing.) requirements, this date v	Pursuant to 605 0207 (3)(i vili not be listed as the
he record specifies a delayed effective dat ord is filed.	e, but not an effective to	ime, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
Dated December 13	. 2022	·		
	D:1 1	2		
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Sign	ature of a member or auth	orized representative o	f a member	

Filing Fee: \$25.00