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(Req	uestor's Name)	
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(City,	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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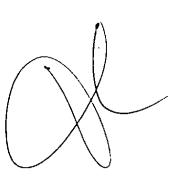
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Tallahassee, FL 32303



December 16, 2022

KERVENS MARCELIN 13840 OSPREY LINKS RD #218 ORLANDO, FL 32837

SUBJECT: KERV LOGISTIC LLC Ref. Number: L22000362931

We have received your document for KERV LOGISTIC LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS Clerk

Letter Number: 322A00028122

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on ou Liability Company)	or records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>LD2000362</u> 93/	were filed on \(\frac{\frac{1}{2}}{2}\)	135	_ and assigne	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	ion "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			JAN 17 AM 9: 47	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, <u>enter the name (</u>	of the new re	gistered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida str	vet address		
		Florida		
	City		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 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>l'itle</u>	<u>Name</u>	Addr	ress		Type of Action
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or mote: If the date inserted in this block does not meet the applicable statutory filing unnem's effective date on the Department of State's records.	(option ore than 90 days after fig requirements, this o	ling.) Pursuant to 6	505,0207 isted as
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of stiled.	on the earlier of: (b)	The 90th day a	iter the
ed	of a member		

Filing Fee: \$25.00