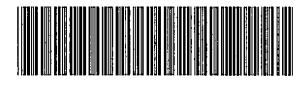
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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Office Use Only

COVER LETTER

Division of Co	rporations	,	,	
	Nemesis, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Charles Wainright			
		Name of Person		
	Upper Captiva Carriage Cl	ub. LLC		
		Firm/Company		
	7146 Congdon Rd.			22
	· · · · · · · · · · · · · · · · · · ·	Address		SEP 12
	Fort Myers, FL 33908			2
		City/State and Zip Code	<u> </u>	4H 10: 47
	ew3@uccc365.com			₫
	E-mail address: (to be used for future annual report not	ification)	+
For further information	concerning this matter, please co	all:		
Charles Wainright		239 940-3697		
Name	of Person	at () Area Code Daytin	ie Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Sta Certified Copy (additional copy is en	tus &
<u>Mailing Addra</u> Registration		<u>Street Address:</u> Registration Se	ection	
Division of	Corporations	Division of Co	rporations	
P.O. Box 63	27	The Centre of '	l'allahassee	

Tallahassee, FL 32314

Registration Section

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Logistical Nemesis, LLC					
(Name of the Lim	(A Florida Limited	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on $\frac{8/25/2022}{L22000374804}$.					
This amendment is submitted to amend the fo	lowing:				
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 designation "LLC" or the	he abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		7146 Congdon Rd. Fort Myers, FL 33908			
Principal office address MUST BE A STRE	ET ADDRESS)		22 SEP		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7146 Congdon Rd., Fort Myers, FL	33908		
			AH 10: 47		
B. If amending the registered agent and/or agent and/or the new registered office addr			name of the new regis		
	7146 Congdon	Rd.			
New Registered Office Address:					
New Registered Office Address:		Enter Florida street address			
New Registered Office Address:	Fort Myers	Enter Florida street address Florida City	33908 Zip Code		

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
			□Remove
			□Change
			Add 22 St Refigove
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<u>ote:</u> H	e date, if other than the date of filing:	int to 605 of be liste	.0207 ed as
is file		day after	r the
ated _	September 9 2022		

Typed or printed name of signee