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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Cor	porations	•	
	JISTICS LLC		•
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jason Townsend		
		Name of Person	
		Firm/Company	
	3520 NW 213th Terrace		
		Address	
	Miami Gardens.FL 33056		
	Shadez83@yahoo.com	City/State and Zip Code	
	•	to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
Jason Townsend		786 230-7644	
Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	_	Street Address: Registration S	Section
Division of C		Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee, 1	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LYTE LOGISTICS LLC		
(Name of the Limited Li (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on 09/13/2022	and assigned
Florida document number 1.22000400239	·	_
This amendment is submitted to amend the followin	ā:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET Al	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
		2022 77 76
		FR 8 7
B. If amending the registered agent and/or regist		
agent and/or the new registered office address he	<u>re</u> :	ASSEE
		A A PRINT
Name of New Registered Agent:		D I: 53 STATE
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Florid:	
	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>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Annora Rose Townsend	3520 NW 213th Terrace	≘ Add
		Miami Gardens, FL 33056	□Remove
			□ Change
			□Add
			Remove
			□ Change
			Add
			□Remove
			□Change
			□Remove
			□Change
			Add
			□Remove
			□Change
			□Add
			□Remove
			F) Change

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