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(F	Requestor's Name)	
 	Address)	
4)	Address)	
<u> </u>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(8	Business Entity Name)	
	Document Number)	
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Certified Copies	Certificates of S	tatus
Special Instructions to F	iling Officer;	
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A. BUTLER

NOV - 4 2022

COVER LETTER

TO: Registration Sec Division of Corp		·	
SUBJECT: CGL	Legistics Services Name of Limi	, LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Carlos 1	A. Gerenal Name of Person	
		Stics Services LL Firm/Company	C.C.
	5595 SE	44Th Ave	
	Ocala,	Florida 34480	
	E-mail address: (ī	o be used for future annual report notific	(Calogistics/10065@gnuil.com)
For further information co	Cala, Florida 34480 E-mail address: (to be used for future annual report notification) further information concerning this matter, please call:		
Carlos C	7 Erena Person	at (<u>267</u>) <u>357 - g</u> Area Code Daytime	2926 Telephone Number
Enclosed is a check for the			
∑\$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 Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	ion

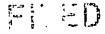
Registration Section **Division of Corporations** P.O. Box 6327

TO:

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



⊆ 9 logistics Service	ability Company as it now appears orida Limited Liability Company)	2022 NOV -4 AM 9: 21
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears orida Limited Liability Company)	on our records.)
,	,,,,	TALLAMA SEE, FI
The Articles of Organization for this Limited Liability	ty Company were filed on(XTORE I. I. OF STATE TALLAMA SEE, 1 XTober 27, 2022 and assigned
Florida document number <u>LXX (VO 463343</u>	<u>. </u>	
This amendment is submitted to amend the following	<u>z</u> :	
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words	Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or regist		ords, enter the name of the new registered
agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
The Hoger to Chief Thing Cop.	Enter Florid	a street address
		, Florida
	Cin	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	Carlos N. Gerena	5595 SE 44th Ave Ocula, FL	4480 ⊡ Add
			□Remove
			□Change
			🖸 Add
			□Remove
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an eff Note:	ve date, if other than the date of filing:
record Lis fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated	11-21-22