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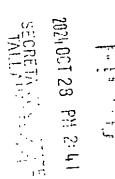
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	rision of Cor	porations		
OVELEGE	S-N-S Logi			
SUBJECT:				
The enclosed	d Articles of	Amendment and fee(s) are sub	emitted for filing.	
		ndence concerning this matter	-	
		Arntbause Slone		
		······································	Name of Person	
		S-N-S Logistics LLC		
			Firm/Company	
		13968 Crestwick Dr E		
			Address	35
		Jacksonville, FLA 32218		2024 OCT 28 PH 2: 41
	City/State and Zip Code			
		info@snslogisticsllc.net E-mail address:	to be used for future annual report notification)	— (F P)
For further in	nformation c	oncerning this matter, please o	all:	
Arntbause S	Slone		904 719-7290 at ()	(i.i
	Name o	f Person	Area Code Daytime Telephone	Number
Enclosed is a	a check for th	ne following amount:		
≘ \$25.00 £	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	60.00 Filing Fee, certificate of Status & certified Copy additional copy is enclosed)
	iling Addres gistration S		Street Address: Registration Section	
Div	vision of C	orporations	Division of Corporations	
P.C	D. Box 632	7	The Centre of Tallahasse	c

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S-N-S LOGISTICS LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number 1.22000480235	ity Company were filed on 11/09/2022	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, <u>enter the new name of the</u>	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" of	or the abbreviation 1. L.C."
Enter new principal offices address, if applicable	e:	- 2
Principal office address MUST BE A STREET A	(DDRESS)	1 N 1 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1
Enter new mailing address, if applicable:		P. 22
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address have a Name of New Registered Agent:	stered office address on our records, <u>enter there</u> :	ne name of the new registere
 -		
New Registered Office Address:	Enter Florida street address	
_	Flor	rida
	City	гар сове

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 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	Robin James- Locke	13968 Crestewick Dr E, Jacksonville FLA	□Add
			■Remove
			□ Change
AMBR	Nimat M. Muhammad		🖬 Add
			□Remove
			□Change
			🗆 Add
			□Remove
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ective date, if other than effective date is listed, the date e: If the date inserted in thi	must be specific a	and cannot be prior	r to date of filing	or more than 90 d	ays after filing.) Pursuant to 605	.020 ed.a
ument's effective date on th				ming requireme	and, ima date	WILL INC DE HIS	
cord specifies a delayed effe s filed.	ective date, but n	ot an effective t	ime, at 12:01 a	i.m. on the earlie	er of: (b) Th	e 90th day after	r the
09/12 ed		2024	<u>_</u> .				
	,	11					
	1-1-1	Sh		ative of a member			

Filing Fee: \$25.00