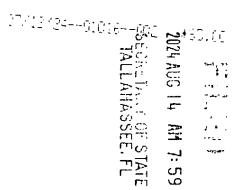
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:









## **COVER LETTER**

	gistration Sec vision of Corp							
eun ipær		HSTICS, LLC						
Name of Limited Liability Company								
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.					
		ndence concerning this matter	, and the second					
		CANDY KAPLAN						
			Name of Person					
		KRUGER TAX, ACCOU?	NTING & FORENSIC ASSOCIATE	ES, PLLC				
			Firm/Company					
		7451 WILES ROAD SUI	TE 204					
			Address					
		CORAL SPRINGS FL 33	067					
			City/State and Zip Code	<u>a.</u>				
		CANDY@KTAFA.COM		<del> </del>				
r e a s			to be used for future annual report notifi	cation)				
ror iuriner i	niormation co	oncerning this matter, please ca	<del>1</del>   ;					
CANDY KA	APLAN		954 772-4000					
	Name of	Person	at () Area Code Daytime	Telephone Number				
Enclosed is	a check for th	e following amount:						
□ \$25.00	Filing Fee	S30.00 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:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHE'S LOGISTICS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 7071. 2024 AUG 14 Ait 7:59 The Articles of Organization for this Limited Liability Company were filed on  $\frac{11/18/2022}{11/18/2022}$ This amendment is submitted to amend the following: 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 the abbreviation "L.L.C." 7451 WILES ROAD Enter new principal offices address, if applicable: SUITE 204 (Principal office address MUST BE A STREET ADDRESS) CORAL SPRINGS FL 33067 7451 WILES ROAD Enter new mailing address, if applicable: SUITE 204 (Mailing address MAY BE A POST OFFICE BOX) CORAL SPRINGS FL 33067 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Aðd
			□Remove
			□Change
			□Add
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	JUNE 18, 2024	,	(antianal)
Effective data if other than the d			(ohttonai)
Effective date, if other than the difference and the date must be a second of the date of	be specific and cannot be prior to da	ne of filing of more than 90 day	s after filing.) Pursuant to 605.020
Note: If the date inserted in this bloc	ck does not meet the applicable	statutory filing requirement	is after filing.) Pursuant to 605.020 is, this date will not be listed as
Note: If the date inscribed in this bloc	ck does not meet the applicable	statutory filing requirement	is after filing.) Pursuant to 605.020 is, this date will not be listed as
Note: If the date inserted in this bloc document's effective date on the Dep errecord specifies a delayed effective	ek does not meet the applicable partment of State's records.	statutory filing requirement	ts, this date will not be listed as
Note: If the date inserted in this bloc document's effective date on the Dep e record specifies a delayed effective rd is filed.	ek does not meet the applicable partment of State's records.	statutory filing requirement	ts, this date will not be listed as
Effective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department of the date and is filed.  Dated JUNE 18.	ek does not meet the applicable partment of State's records.  date, but not an effective time,	statutory filing requirement	ts, this date will not be listed as
Note: If the date inserted in this bloc document's effective date on the Dep e record specifies a delayed effective rd is filed.	ck does not meet the applicable partment of State's records.  date, but not an effective time, and the state of the state	statutory filing requirement at 12:01 a.m. on the earlier	ts, this date will not be listed as
Note: If the date inserted in this bloc document's effective date on the Dep e record specifies a delayed effective rd is filed.	ek does not meet the applicable partment of State's records.  date, but not an effective time,	statutory filing requirement at 12:01 a.m. on the earlier	ts, this date will not be listed as

Filing Fee: \$25.00



July 23, 2024

CANDY KAPLAN 7451 WILES ROAD SUITE 204 CORAL SPRINGS, FL 33067

SUBJECT: SHES LOGISTICS LLC Ref. Number: L22000493429

We have received your document for SHES LOGISTICS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Anissa Butler Regulatory Specialist II

KEC. 14/3

Letter Number: 124A00016174