

L22 000499415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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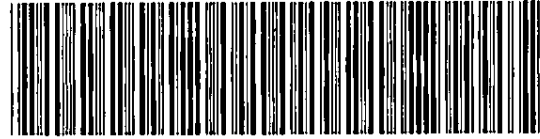
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL AROUND FLORIDA COURIERS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEPHANIE GIFFORD

Name of Person

LOGIXIS LLC

Firm/Company

7726 WINEGARD RD 2nd Floor Ste 256

Address

ORLANDO, FL 32809

City/State and Zip Code

support@logixis.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE GIFFORD

Name of Person

at (813)

Area Code

400-0164

Daytime 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 Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

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STATE
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALL AROUND FLORIDA COURIERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/28/2022 and assigned Florida document number L22000449415.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LOGIXIS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7726 Winegard Rd

Suite 256

Orlando, FL 32809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7726 Winegard Rd

Suite 256

Orlando, FL 32809

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:

Stephanie Gifford

New Registered Office Address:

7726 Winegard Rd Suite 256

Enter Florida street address

Orlando

City

Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Emmanuel S Gimonge</u>	<u>7726 Winegard Rd</u>	<input type="checkbox"/> Add
		<u>Suite # 256</u>	<input checked="" type="checkbox"/> Remove
		<u>Orlando, FL 32809</u>	<input type="checkbox"/> Change
<u>President</u>	<u>Stephanie M Gifford</u>	<u>7726 Winegard Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 256</u>	<input type="checkbox"/> Remove
		<u>Orlando, FL 32809</u>	<input type="checkbox"/> Change
<u>VP</u>	<u>Stephanie M Gifford</u>	<u>7726 Winegard Rd</u>	<input type="checkbox"/> Add
		<u>Suite # 256</u>	<input checked="" type="checkbox"/> Remove
		<u>Orlando, FL 32809</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FALL, FL

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b),

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

1/29 / 2025

Signature of a member or authorized representative of a member

Stephanie Gifford

Typed or printed name of signee

2025-02-29 PM 2:53
STATE
FL
Pursuant to 605.0207 (3)(b)
it will not be listed as the
The 90th day after the