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Special Instructions to Fili	ng Officer.	

Office Use Only



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JUN - 5 2023

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: DNE	C LOCH Name of Limit	1C 1-19 hee Lags	stres uc
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u>Shaver</u>	Ill MCGhed	
	One wa	y MChec Firm/Company	<u>Lagisties</u> LLC
	54 KI	19SWCCO RCI	/
	Quincy	FL 33351	<u>/</u>
	Shavenza E-mail address: (1	City/State and Zip Code ON O	amail.com
For further information co	oncerning this matter, please ca	all:	
Shayin 20 Name of	Person	ar(<u>c////</u>)	- 2267 : Telephone Number
Enclosed is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dne Way MG	Aghee Legistics LIP PHIZE 42
(Name of the Limited Liability Comp. (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LADOO531633</u> .	were filed on Dec. 20, 2022 and assigned
This amendment is submitted to amend the following:	
1. If amending name, enter the new name of the limited liah One Way McGhee La The new name must be distinguishable and contain the words "Limited Light"	istics LLC
Enter new principal offices address, if applicable:	imy company, the designation left. of the adoreviation left.
Principal office address MUST BE A STREET ADDRESS)	
	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin 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.

14-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>	Name	Address	Type of Action
			□Add
		·	□Remove
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lf an eff <u>Note:</u>	ive date, if other than the date of filing:
e recor rd is fi	d 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 led.
Dated	June 14. 2023.
	Shavana M. Chew Shavana M. Chew
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Filing Fee: \$25.00