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	J. HORN ^I FEB 22	E 2023
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	Office Use On	lly



02/22/23--01031--001 **25.00

2023 FEB 22 AH 11: 03 SECRETARY OF STR \mathbb{G} ALLAHASSEE, Thin 2023 FEB 22 AM 11: 03 RECEIVED

COVER LETTER





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

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$25.00 Filing Fee

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□ \$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

Jtempt Geinid Loc	AMENDMENT RGANIZATION 2023 FEB 22 AH 11:03 ALLAHASSER 22 AH 11:03 V as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v Florida document number $\angle 23000009740$. This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabil</u> <u>Stump And GR: NCI Logis</u> The new name must be distinguishable and contain the words "Limited Liabili	itics LLC
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADDRESS)</u>	3452 Belfort Road Jackson Wille FI, 32216
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City 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

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<u>Title</u>	Name	<u>Address</u>	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 DIXIAN \mathcal{M} n 4 Signature of a member or authorized representative of a member Hasv.'S Typed or printed name of signce urnell

Filing Fee: \$25.00