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	(Re	questor's Name)	
<u> </u>	(Ad	dress)	
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·	(Cit	y/State/Zip/Phone	e #)
	PICK-UP	WAIT	MAIL
_	(Bu	siness Entity Nar	ne)
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	(Do	cument Number)	
Certified Cop	ies	_ Certificates	s of Status
Special inst	tructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: BIG	COHEE CGT!	STCS (C)	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspoi	ndence concerning this matter	to the following:	
	TYRON CALL	Name of Person	
	BIG W	HEL LIGISTICS U	<u>C</u>
	_ 2930 h	J. 10th STREET	
	Jacksow	JIIE HORIDA. (City/State and Zip Code	32254
	TykonC:ALHour	to be used for future annual report notificati	AIL.COM
For further information co	ncerning this matter, please ca	all:	
Tyron Cary Name of	OCEO Person	at (GOL) HOG — Saytime Tel	+330 lephone Number
Enclosed is a check for the) -
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of Co	ection	Registration Section Division of Corpor	
P.O. Box 6321	7	The Centre of Talla	ahassee)
Tallahassee, F	L 32314	2415 N. Monroe St Tallahassee, FL 32	,

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
<i>f</i>	023_and assigned
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."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Trincipal office address most be A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u></u>
B. If amending the registered agent and/or registered office address on our records, enter the agent and/or the new registered office address here:	name of the new registered
Name of New Registered Agent: /yken/ CALHAUN	
New Registered Office Address: 2930 10th 54897 Enter Florida street address	7

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
AP	SCHOCFER PATRICK	140 HOLLIS RD. S.	🗀 Add
		CRANGE PARK, FIGRIS	A Remove
		ORNGE PARK, FIGRIS	□Change
			□Remove
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signature of a member of authorized representative of a member			
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Filing Fee: \$25.00