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A. BUTLER

FEB 27 2023

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Name of Lim	ited Liability Company	gistics LLC
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:	
	Wendy R	Name of Person  Firm/Company	Logista (SLL)
	DIL E. J Lakelan	Address  City/State and Zip Code	33801
	E-mail address: (	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca		
Wayle of	Resson Person	at SZ3 4/60 Area Code Daytim	E Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	And the second	
(Name of the Limited Liability (A Florida	y Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Colorida document number	ompany were filed on <u>C</u> 1.980	2/02/23	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company her	<u>'e</u> :	
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDR		signation "LLC" or the abbr	eviation "L.L.C."
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	i office address on our re	cords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da 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 Name
Address 157 Rebecca Dr. Type of Action
Winter Haven, FL
33881 Title \_\_\_\_\_ □Remove \_\_\_\_ □Remove □Add \_\_\_\_\_ □Change \_\_\_\_\_ □ Add \_\_\_\_ \_\_\_\_\_ DAdd 

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an effectiv ote:   If ti	date, if other than the date of filing:	
record sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the	ю
ated <u>C</u>	02/00/03	
	Signature of a member or authorized representative of a member	
	Rozlyn S. Mc Arthur Typed or printed name of signee	