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Division of Corp	orations		
SUBJECT:	Z LOAD Name of Lie	LOGISTICS (LC_
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	EZ LOP	Firm/Company	
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		City/State and Zip Code Code	(s. Com
For further information co	ncerning this matter, please	call:	
CARIDAR Name of	HERRENA	at (196) 30	4 UZ39 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)
Marthan A.A. an		Samuel Addisons	

Registration Section

TO:

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

The Articles of Organization for this Limited Liability Company were filed	on 02 · 01 · 2023 and assigned
Florida document number <u>L 23 000067903</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
	20
The new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	P
Enter new mailing address, if applicable:	<u>်</u>
(Mailing address MAY BE A POST OFFICE BOX)	
	_
B. If amending the registered agent and/or registered office address on	our records, enter the name of the new reg
agent and/or the new registered office address here:	
N CN D I LA	
Name of New Registered Agent:	
New Registered Office Address:	
En	ter Florida street address
	Plantala.
City	, Florida Zip Code

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
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ctive date, if other effective date is listed. : If the date inserte	the date must be spe ed in this block doe	cific and cannot es not meet th	e applicable stati	filing or more than sitory filing require	(optional) O days after filing. ements, this date	Pursuant to 605.02 will not be listed
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ord specifies a dela	ved effective date.	but not an eff	ective time, at 12	2:01 a,m. on the ea	urlier of: (b) Th	e 90th dav after ti
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