4/6/23, 8:38 AM

Division of Corporation

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOVELY MOE LOGISTICS LLC

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## **COVER LETTER**

	gistration Sec vision of Corp						
SHO ISCT.	LOVELY	MOE LOGISTICS LLC	·				
SUBJECT:			ted Liability Company				
		Amendment and fee(s) are submodence concerning this matter to					
		Cheyenne Moseley					
			Name of Person				
Legalzoom.com, Inc.							
Firm/Company							
		101 N Brand Blvd 11th Fl					
			Address				
		Glendale, CA 91203					
			City/State and Zip Code				
	m.lawrence2008@gmail.com						
		E-mail address: (to	o be used for future annual report notif	ication)			
For further i	information co	oncerning this matter, please ca	11:				
Cheyenne l	Moseley		800 773-0888 at ()				
	Name of	Person	Area Code Daytime	: Telephone Number			
Enclosed is	a check for th	e following amount:					
\$25.00	Filing Fee	□ \$30.00 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

LegalZoom com, Inc.

company has been notified in writing of this change.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.)			
(A Florida Limited	Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L23000070648	were filed on 02/08/2023	<del></del> .	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Majestic Moe Logistics LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbrevi	ation "L.L	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Trintipul office unavess in 031 BE A 31 REET ADDRESS				
	MAIN 4. 4 THE T.			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of		enter the	name	of the
registered agent and/or the new registered office address her	<u>:e:</u>			
Name of New Registered Agent:		<del>- 52-</del>		
New Registered Office Address:		<u>.</u> ,	2023	
How Registered of Mod Flade 605.	Enter Florida street address	, ,	,	
	Flori	da 🏅	. \$	
	City		ip Code	,
New Registered Agent's Signature, if changing Registered Agent	:	da	<u></u>	τ_
I hereby accept the appointment as registered agent and ago provisions of all statutes relative to the proper and complete	ree to act in ims capacity. I juria e performance of my duties, and	t agree i Lam fämi	u cump liár wit	ty with h and
accept the obligations of my position as registered agent as	provided for in Chapter 605, F.:	S. Ór. if th	is docu	ment i
being filed to merely reflect a change in the registered office	e address, I hereby confirm that.	the limited	l liabili	ty

MGR = Manager

To:

LegalZoom.com, Inc.

\_\_\_\_\_ 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:

AMBR = Authorized Member Type of Action **Address** Title <u>Name</u> □ Add \_\_\_\_ Change □ Add ☐ Remove \_□ Remove \_ Change ☐ Remove \_\_\_\_\_ Change ☐ Remove \_\_\_\_\_ □ Change \_\_\_\_\_ □ Add ☐ Remove

fam	ending any other informa	tion, enter change(s) here: (Attach ad	dditional sheets, if necessary.)	
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lf an ei <u>Note:</u>		it be specific and cannot be prior to date of filing ock does not meet the applicable statutory		
	ecord specifies a delayed e 90th day after the rec	d-effective date, but not an effect ord is filed.	ive time, at 12:01 a.m. on the	e earlier of:
<b>D</b>	04/05/2023			
Dated	` <i>I</i>		$\overline{}$	
		ly Le		
		Signature of a member or authorized represen	tative of a member	

To,

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Typed or printed name of signee

Filing Fee: \$25.00