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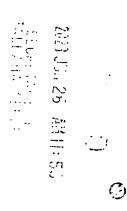
(Re	equestor's Name)
(Ad	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bi	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE JUN 2 6 2023

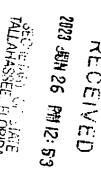
Office Use Only



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COVER LETTER

Division of Corporations	
UBJECT: Greau Time Logistics UC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Maryo Willams Name of Person	
Greanx Time Wgishes UC.	
4620 Victoria Rd. Address	
Land O Lakes Flinda 34039 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
for further information concerning this matter, please call:	
Mái Vin Williams at (727) 809-1369 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee S30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION

Geaux	Time.	Daiches	1109 36 1109 -	MA	60
(<u>Name of the Limite</u> (d Liability Compan A Florida Limited Lia	y as-it now appear ability Company)	s on our records.). 🧀	100	
The Articles of Organization for this Limited Lia	ability Company v	vere filed on	2/20/2023	and as	signed
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabil	ity company he	re:		
The new name must be distinguishable and contain the wo	ble:	y Company," the d	esignation "LLC" or the	e abbreviation "L	L.C."
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE L	BOX)				
B. If amending the registered agent and/or reagent and/or the new registered office address	s here:			ame of the ne	w registered
Name of New Registered Agent:	Mari	in Wi	llicims		
New Registered Office Address:	4-1020	VICTORI Enter Flor	a Rd . ida street address		
	Land	D Lake	Elorida .	340 3 Zip Code	9

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
MGR	My Williams	4620 victoria Rd	□ Add
			⊠Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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an effecti lote: If t	date, if other ive date is listed, the date inserted the effective date	he date must be I in this bloc!	e specific and c does not n	d cannot be p neet the ap	prior to date o plicable sta	of filing or me itutory filing	ore than 90 d	_ (optional ays after fili ents, this da	ing.) Pursuan	it to 605.020 be listed as
is filed.										ay after the
ated	6/26/2 	2023		· ——	· ·					
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