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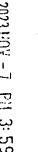
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	(Address)			
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COVER LETTER

TO: Registration Section Division of Corporations	1, , , ,
SUBJECT: Timed Name of Lin	osistics LLC nited Liability Company
The enclosed Articles of Amendment and fee(s) are sul	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Regin	Name of Person
tim	ed logistics LLC Firm/Company
2951 Ni	1 168th terrace
Mumi Grander	S FL 3305 6 City/State and Zip Code
E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, please of	eall:
Reginald Tyson Name of Person	at (305) 367-1753 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 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	Street Address: Registration Section Division of Corporations

Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Timed los	istices LLC	
(<u>Name of the Limited Liabilit</u> (A Florida l	Company as it now appears on our records. Limited Liability Company)	7)
The Articles of Organization for this Limited Liability Co Florida document number <u>L2360012679</u>		and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limit Refuge Protect The new name must be distinguishable and contain the words "Limit		C ''
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:	A 1 /2	7073 HOV
(Mailing address MAY BE A POST OFFICE BOX)		
Enuming dudiess DIAT BE AT OST OF FICE BOXY		=======================================
B. If amending the registered agent and/or registered	office address on our records, <u>enter t</u>	ယ္ က he name of th®new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	/A	
New Registered Office Address:	Enter Florida street address	
	nnter Florida street address	
pr/	City , Flor	rida
	America	

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>	Name	Address	Type of Action
CEO	Regimald Tyson	2951 NW 168 Herro. Mini Gardens FL, 3305	e Add
		Micmi Garders FL, 3305	6 □Remove
			Change
		····	□Add
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			□Change
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			□Change
			□Add
			□Remove
			□Change
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			□Remove
			ПС !

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Effective date, if other than the date of filing: 3/10/23 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of thing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) E. Effective date, if other than the date of filing: ___ Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated ______ . Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Reginald Tysm
Typed or printed name of signee