L23000 136068

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> FILED 2024 MAY 20 AM 9: 16

SECRETARY OF SEA

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Aimed	Louistics LLC		
	Logistics LLC Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
	dence concerning this matter		
	Tomos comocining and maker	to the following.	
	Luke Mahan	Name of Person	
	Aimed Legistics 1	Firm/Company	
	•	rimvCompany	
	3632 Shamrock s	⊢ ₩ Address	
		Address	
•	Tallahara 51 5	122-1	
	Tallanassec FC	City/State and Zip Code	
		to be used for future annual report noti	
	(// E-mail afothess: (to be used for future annual report noti	fication)
For further information co	neerning this matter, please e	all:	
/k. Makan		9.4	
Name of	Person	at (<u>850</u>) <u>815 - 0</u> Area Code Daytin	487
		•	,
Enclosed is a check for the	r following amount		
S25.00 Filing Fee		C) 475 00 EV	
323.00 riling ree	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(additional cupy is enclosed)
Mailing Address		Street Address:	
Registration S		Registration Sc	
Division of Ce P.O. Box 6321		Division of Cor	
Tallahassee, F		The Centre of 7 2415 N. Monro	i allanassee le Street, Suite 810

Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION AND 9:17

Aimed Logistics LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number <u>L2300 136008</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	·	
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>er</u>	iter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, 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 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
MUR	Samuel Cartwright Tr	3725 Wicklow Circle Tallahasses	<u>∽</u> □Add
		FL 32309	Remove
			Change
MGR	Read Beauregan & Turner Tr	7705 McClure Pr	_ZAdd
		Tallahassee FL 32312	□ Remove
			Change
			□Add
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an cl lote:	five date, if other than the date of filing: [Coptional] [Coptional]
reco.	rd 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 iled.
a is fi	
	5/17/24
	5/17/24
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00