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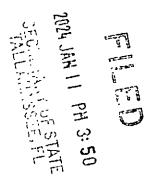
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(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Drayton Long Name of Limit	OGISTICS LLC ited Diability Company	est - with
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Bran	ndon Dratton Name of Person	
		Firm/Company	
	7854	Niagara AUE	
	Tamp	OA FL 33617 City/State and Zip Code	
	Blandov E-mail address: (1	drayton 10 my to be used for future annual report not	ahos com
For further information co	oncerning this matter, please ca	all:	
Brando Name of	In Scartion Ferson	at (<u>§13</u>) <u>379</u> Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	

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

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO - · ARTICLES OF ORGANIZATION OF

(Name of the Limited	Logi StiC5 LLC Liability Company as it now appears on our records.) Florida Limited Liability Company)
(Ā	Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	oility Company were filed on 4/03/2023 and assigned
lorida document number <u>L230001642</u>	<u> </u>
his amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	he limited liability company here:
Nonte	on 11C
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
Principal office address MUST BE A STREET	
C) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
End to the	
onter new-mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	OX)
27	
	istered office address on our records, enter the name of the new registered
gent and/or the new registered office address	<u>here</u> :
Name of New Registered Agent:	<u></u>
New Registered Office Address:	
	Enter Florida street address
	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.

It 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
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			2021 Remove
			□ Change
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ecti	ve date, if other than the date of filing: (optional)
ı effe	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
	ent's effective date on the Department of State's records.
core	I 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
is file	
ted	December 30 . 2023.
· · ·	R / TA
	() / (-)