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R. HUNT 06/20/23

COVER LETTER

TO: Registration Section Division of Corporat	ions	, b	·
SUBJECT: (Dic	1 Go Lo	Cistics LLC	
<u></u>	Name of Limi	ited Liability Company	
The enclosed Articles of Amen	dment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	e concerning this matter	to the following:	
	Amanda	Evan 5 Name of Person	
_	Girl Go	Logistics L	<u>-LC = </u>
		pect Street	
	beiray Be	ach FL 334 City/State and Zip Code	
	E-mail address: (n 5 1 3 3 2 @ 9 m o to be used for future annual seport no	ailication)
For further information concer	ning this matter, please co	all:	
Amanda Ex Name of Perso		at (<u>305</u>) <u>606</u> Area Code Daytii	ne Telephone Number
Enclosed is a check for the foll	owing 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 Address: Registration Section	on	Street Address: Registration So	ection
Division of Corpo	rations	Division of Co	•
P.O. Box 6327 Tallahassee, FL 33	2314	The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companied Limited Limit	iy as it now appears on our iability Company)	records.)			
The Articles of Organization for this Limited Liability Company of Florida document number <u>L23006 [654]</u>	were filed on 4/6/	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabile Girl Go Tritiative The new name must be distinguishable and contain the words "Limited Liabili"	05/1/C	n "I.LC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	N/A	, and the second			
(Principal office address MUST BE A STREET ADDRESS)		SET P			
Enter new mailing address, if applicable:	N/A	9: 53 FLAT			
(Mailing address MAY BE A POST OFFICE BOX)		m			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records,	enter the name of the new registered			
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
New Registered Agent's Signature, if changing Registered Agent:	•	·			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is			

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>	<u>Address</u>	Type of Action
			□Add
			🗖 Remove
			Change
			□ Remove
			☐ Change
			TP Add
			SSE DRemove
			PHRemove STATE Change
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fective date, if other in effective date is listed, the ote: If the date inserted ocument's effective date	ne date must be specifi in this block does r	c and canno not meet th	ie applicable	ate of filing or statutory fil	more than 90 d ing requireme	(optional) ays after filing.) ents, this date	Pursuant t will not b	to 605.020 e listed as
	d effective date, bu	t not an ef	fective time,	at 12:01 a.n	1. on the earli	er of: (b) The	e 90th day	after the
is filed.	15	<u>.</u> . 2	023.					

Filing Fee: \$25.00