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## **COVER LETTER**

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Tallahassee, FL 32314

TO:

TO: Registration Division of C			
SUBJECT:	Browns Logistics and D	spatch services LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Lindeay	Brewn	
	Brawns	Name of Person  Logistics and Dispatch & Firm/Company	ernas UC
	5342 bee	Address	
		Jacksonville, FL 32210	
		City/State and Zip Code  Stace 21 @ Cimpil. Com  to be used for future annual report notification	203 for 24
For further informatio	n concerning this matter, please c		
Lindsoy Brow	Sn.	at (678 ) 887 - 9496	phone Number 17
Nam	e of Person	Area Code Daytime Tele	phone Number 173
Enclosed is a check fo	r the 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 Add		Street Address:	
Registratio	n Section Corporations	Registration Section Division of Corpora	
P.O. Box 6	•	The Centre of Tallal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Snowns Logistics and Dispatch (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.)  Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on April 13, 2023	a	nd assig	med
Florida document number <u>L 23 000 184 087</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviat	tion "L.L.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		,	202	
		7 - 77		
			~ <del>; ;</del>	1
Enter new mailing address, if applicable:			1	
		-		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		- 1	<del></del>	<del>/</del>
		<u>्रि</u> ।भा	<del>-5</del> -	<del></del> .
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	ne of tl	he new	<u>registere</u>
Name of New Registered Agent:				<del></del> -
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	Cin		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>	Name	Address	Type of Action
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Filing Fee: \$25.00