

# L23000215060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2023 MAY 15 PM 3:49  
STATE  
OFFICE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NEWWAY LOGISTICS COMPANY, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Corporate Maintenance Lead**

Name of Person

**Processing Department**

Firm Company

**1450 Vassar St**

Address

**Reno, NV 89502**

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Processing Department**

Name of Person

at (800) 638-2320

Area Code

Daytime Telephone Number

2007 MAY 15 PM 3:49

FILE

Enclosed is a check for 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 ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

NEWWAY LOGISTICS COMPANY, 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 Company were filed on 05/01/23 and assigned Florida document number L23000215060.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 400 N Ashley Dr Suite 1900  
Tampa  
FL, 33602  
*(Principal office address MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 400 N Ashley Dr Suite 1900  
Tampa  
FL, 33602  
*(Mailing address MAY BE A POST OFFICE BOX)*

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

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.*

\_\_\_\_\_  
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>             | <u>Type of Action</u>                      |
|--------------|---------------|----------------------------|--|
| MGR          | Patrice Davis | 400 N Ashley Dr Suite 1900 | <input type="checkbox"/> Add               |
|              |               | Tampa                      | <input type="checkbox"/> Remove            |
|              |               | FL, 33602                  | <input checked="" type="checkbox"/> Change |
|              |               |                            | <input type="checkbox"/> Add               |
|              |               |                            | <input type="checkbox"/> Remove            |
|              |               |                            | <input type="checkbox"/> Change            |
|              |               |                            | <input type="checkbox"/> Add               |
|              |               |                            | <input type="checkbox"/> Remove            |
|              |               |                            | <input type="checkbox"/> Change            |
|              |               |                            | <input type="checkbox"/> Add               |
|              |               |                            | <input type="checkbox"/> Remove            |
|              |               |                            | <input type="checkbox"/> Change            |
|              |               |                            | <input type="checkbox"/> Add               |
|              |               |                            | <input type="checkbox"/> Remove            |
|              |               |                            | <input type="checkbox"/> Change            |

