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COVER LETTER

` TO:

	ation Sec n of Corp				
20 505 112 627		GISTICS LLC			
SUBJECT:		Name of Limi	ted Liability Company	.	
The enclosed Ar	ticles of a	Amendment and fee(s) are sub-	nitted for filing.		
Please return all	correspor	ndence concerning this matter	to the following:		
		KENNETH LEE GOUTS			
			Name of Person	_	
		SUNCO LOGISTICS LLC			
			Firm/Company		
		9116 SONOMA COAST E	DRIVE		
			Address		
		WINTER GARDEN, FL 34787			
			City/State and Zip Code		
		KENNYGOUTS@GMAIL.			
		E-mail address: ()	o be used for future annual report notif	fication)	
For further infor	mation co	oncerning this matter, please co	dli:		
KENNETH LEI	E GOUTS	,	407 6161689		
	Name of	Person	Area Code Daytime	e Telephone Number	
Enclosed is a ch	eck for th	e following amount:			
■ \$25.00 Filin	ng 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)	
	g Address tration S		<u>Street Address:</u> Registration Sec	ction	
		orporations	Division of Cor		
P.O. F	30x 632	7	The Centre of T		
Tallah	iassee, F	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNCO LOGISTICS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Li	mited Liability Company)	,,
The Articles of Organization for this Limited Liability Con Florida document number $\frac{05/08/2023}{}$	npany were filed on $\frac{05/08/2023}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
FLAI TECHNOLOGIES LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	024
		A TI
		$\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$
Enter new mailing address, if applicable:		्र च्
(Mailing address MAY BE A POST OFFICE BOX)		္ကိုလ္ မွာ 🔘
		19 <u>- 19</u>
B. If amending the registered agent and/or registered o agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>en</u>	ter the name of the new registere
New Registered Office Address:		
	Enter Florida street aa	aress
	City	. Florida
New Registered Agent's Signature, if changing Registered A	•	74/ 27/10
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	- ad agree to act in this capacity, aplete performance of my duties nt as provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is
	If Changing Registered Agent Signat	ure 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
			□ Remove
			Change
			□Add
			□Remove
			☐ Change
			Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			Change
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Page 2 of 3

						
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ctive date, if other than the effective date is listed, the date mue: If the date inserted in this barment's effective date on the E	st be specific and lock does not n	cannot be prior t neet the applica	to date of filing c	or more than 90 c	lays after filing.)	Pursuant to 605.92 will not be listed
record specifies a delaye ne 90th day after the rec	d effective d cord is filed.	ate, but not	t an effectiv	e time, at 1	.2:01 a.m. (on the earlier
ed MAY IST		2024	_ ·			
	(/	<u> </u>	Dec		•	
 .	Signature	nember or autho	orized representa	tive of a member	:r	

Page 3 of 3