L23000334877

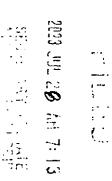
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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07/28/23--01020--001 **30.00



A. RIVENS OCT 1 1 2023

COVER LETTER

| Arbusto | Holding LLC | | • |
|-----------------------------|--|---|---|
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Lindsay Fagan | | |
| | | Name of Person | |
| | Arbusto Holding LLC | | |
| | | Firm/Company | |
| | 9640 Millpond RD | | |
| | | Address | |
| | Miramar FL 33025 | | |
| | arbustologistics@gmail.com | | |
| | E-mail address: (| to be used for future annual report noti- | fication) |
| For further information c | oncerning this matter, please ca | all: | |
| Lindsay Fagan | | 954 579-3790 | |
| Name o | f Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | c following amount: | • | |
| ☐ \$25.00 Filing Fœ | ■ \$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 | s: | Street Address: | |

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

Registration Section
Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Arbusto Holding LLC | | |
|--|--|--|
| (Name of the Limited Liz (A Flo | ability Company as it now appears on our records.) orida Limited Liability Company) | |
| The Articles of Organization for this Limited Liabilit Florida document number 1.23000334877 | y Company were filed on 07/12/2023 | and assigned |
| This amendment is submitted to amend the following | ; | |
| A. If amending name, enter the new name of the l | imited liability company here: | |
| Arbusto Logistics LLC | | |
| 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: | | |
| (Principal office address MUST BE A STREET AD | DRESS) | |
| · · · · · · · · · · · · · · · · · · · | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registe | red office address on our records, enter the | name of the new registered |
| agent and/or the new registered office address here | 2. | raine of the new registered |
| | | 80 |
| Name of New Registered Agent: | | |
| | | 1 |
| New Registered Office Address: | | |
| | Enter Florida street address | <u>. </u> |
| | , Florida | 1 |
| | 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 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 |
|--------------|-------------|----------------|----------------|
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| (If an effective of Note: If the | te, if other than the date of filing: |
| he record spec ord is filed. | ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| July 20 | 2023 |
| Dated | |
| | Day |
| | Signature of a member or authorized representative of a member |
| Li | ndsay Fagan |
| | Typed or printed name of signee |

ETT D COCOC



August 23, 2023

LINDSAY FAGAN 9640 MILLPOND RD MIRAMAR, FL 33025

SUBJECT: ARBUSTO HOLDINGS LLC

Ref. Number: L23000334877

We have received your document for ARBUSTO HOLDINGS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Alecia Rivers Regulatory Specialist III

SEP 15 2023

Letter Number: 023A00019608