## L23 000 343 307

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(Business Entity Name)	_
(Document Number)	
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## **COVER LETTER**

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SUBJE	CT;	Name of Limi	ted Liability Company	
		Amendment and fee(s) are submondence concerning this matter t	5	
ricasc	return air correspo	moence concerning this matter t	to the following.	
		Thalina	Name of Person	
		Ultimate f	10 Logistics LL	<u>.c</u>
		809 S. Haire	COCKI), Address	
		Deltona	F1 32.72.5 City/State and Zip Code	
		Haliraniotsi E-mail address: (1	LESalorie Seriai.	Com fication)
For fur	ther information o	concerning this matter, please ca	dt:	
	ralino.	Gibts S	at ( <u>GC)</u> ) 715 Area Code Daytim	777 (5 e Telephone Number
	rane c	71 (1.87)	Area Code Dayting	e rereptione reunioes
Enclose	ed is a check for t	he following amount:		
iQ/\$2	5.00 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		<u>Street Address:</u> Registration Se	ction
	Division of C	Corporations	Division of Cor	porations
	P.O. Box 632	27	The Centre of T	Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

(Name of the Limit	ed Liability Company as (A Florida Limited Liabil	it now appears on ou ity Company)	r records.)
The Articles of Organization for this Limited Li Florida document number <u>L 230003</u> <sup>c</sup>	iability Company wer 1330]	e filed on July	20,7023 and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of The new name must be distinguishable and contain the work.	T <b>6</b> ords "Limited Liability Co		on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica		-	
(Principal office address MUST BE A STREE	<u>TADDRESS)</u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E  B. If amending the registered agent and/or reagent and/or the new registered office address	epistered office addre	ose an our records	13 T T T T T T T T T T T T T T T T T T T
agent and/or the new registered office address	s here:	ss on our records,	enter the name of the new register
Name of New Registered Agent:	Thalina	Gilans	
New Registered Office Address:			
		Enter Florida street	address
	-		Florida
New Registered Agent's Signature, if changing Re		ity	Zip Code

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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			□Change

(If an o	ctive date, if other than the date of filing:
he rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	a July 31 . 2023
	Signature of a member or authorized representative of a member
	. Thalina Gibbs

Filing Fee: \$25.00