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Special Instructions to	Filing Officer:	
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Office Use Only



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Y. SCOTT AUG 1 9 2023

COVER LETTER

TO:	Registration Section Division of Corpo			* * *	••	
SUBJE	х ст. <u>HS</u>	R LOCISTIC	CS LLC ited Liability Company			
The enc	closed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.			
Please r	eturn all correspond	ence concerning this matter	to the following:			
		Paul 1	Sangle Name of Person	, 201	788 A.L	
		HSR C	CG154CS Finn/Company	LLC		7 023
		5907	Mustang Address	Pl	ALLAHA ALLAHA	7023 JUL 27
		Orland	10, 7L 32 City/State and Zip Code	822	SSEE, FI	PH 3: 06
		100157105 L-mail address: (1	_ hor 6 Ua to be used for future amedal	report notification)	'	9
For furt	her information con	cerning this matter, please ca	all:			
Pai	W D Da	rigleben erson	at (<u>4/07</u>) Area Code	575 - 711 Daytime Telephone	7 Number	
Enclose	ed is a check for the	following amount:				
\$2525	5.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55,00 Filing Fee of Certified Copy (additional copy is enc	closed) (60,00 Filing Fee Certificate of Sta Certified Copy additional copy is en	itus &
	Mailing Address: Registration Se	ction	<u>Street Ac</u> Registra	ddress: ation Section		
	Division of Cor			n of Corporations	;	

P.O. Box 6327 Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H5R (Logistics LLC
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number $_L93000345$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)
Enter new mailing address, if applicable:	PH 3: 0
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registere	ed 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>	Address	Type of Action
MGR	Paul D Dangleben	5907 mustang Pl	_ D Kdd
		5907 mustang Pl Orlando, 71 32822	□Remove
			□Change
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Filing Fee: \$25.00