123000529635

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COVER LETTER

TO:

Tallahassee, FL 32314

	stration Section of Cor			
) CUBIDATE	Alexandre I	logistics LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return a	II correspo	ndence concerning this matter	to the following:	
		Richecarde Alexandre		
			Name of Person	
		Alexandre Logistics LLC		
		<u> </u>	Fimt/Company	
		2403 NW 108th ter		
			Address	
		Sunrise, FL 33322		
			City/State and Zip Code	
		arichecarde@gmail.com		
For further inf	omnation e	E-mail address: to oncerning this matter, please or	to be used for future annual report	nonneation;
		meering this matter, prease ea		
Richecarde Al			305 799-9200 at () Area Code Da	
	Name of	f Person	Area Code Day	rtime Telephone Number
Enclosed is a c	theck for th	e following amount:		
■ \$25.00 Fil	ling 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)
	ng Address		Street Address Registration	
	stration S sion of C	orporations	Division of (
	Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Compa A Florida Lunited	ny as it now appears on our r Liability Company)	ecords.)	
The Articles of Organization for this Limited Li-	ability Company	were filed on 11/28/2023	and assigned	
Florida document number L23000529635				
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
Possible Logistics LLC				
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	able:	2403 NW108th ter		
(Principal office address MUST BE A STREE	Sunrise FL 33322	11-00 ECSE		
			<u> </u>	
Enter new mailing address, if applicable:		2403 NW 108th ter	8 PM	
(Mailing address MAY BE A POST OFFICE I	BOX)	Sunrise FL, 33322		
			意識し	
B. If amending the registered agent and/or reagent and/or the new registered office addres Name of New Registered Agent:	9		enter the name of the new regis	
	2403 NW 108tl	n ter		
New Registered Office Address:	Enter Florida street address			
	Sunrise		, Florida ³³³²²	
		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.

16 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	Richecarde Alexandre	4941 KENSINGTON CIR, CORAL SPRINGS 33076	, □Add
			= Remove
MGR	Richecarde Alexandre	2403 NW 108th ter Sunrise FL 33322	≣ ∆dd
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□ Change
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<u>te:</u> If the date ins	ther than the date of the sted, the date must be specificated in this block does to date on the Department	not meet the applica			
cord specifies a d s filed.	delayed effective date, bu	it not an effective tii	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
10/21/2024 ed					
· ·	1		<u>-</u> ·		
	Signature	of a member of autho	rized representative of	a member	

Filing Fee: \$25.00