240000 26738

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PłCK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Sta	atus
Special Instructions to	Filing Officer:	

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COVER LETTER

	Registration Section Division of Corporation	ons			
SUBJEC	T:	ALT LogiSt Name of Limit	ed Liability Company		
The encle	osed Articles of Amend	lment and fee(s) are subm	nitted for filing.		
Please re	turn all correspondence	concerning this matter to	o the following:		
	<u></u>	Dome	Aul H Name of Person		_
		CEAU	Firm/Company	she	_
		HOI E	ast Jacks Address	son 54, 54:	2340
				Mail.com	_
For furth	er information concern	ing this matter, please cal	II:		
_5	hadrack Name of Person	Browne	at (Cou) 8	20-4086 Daytime Telephone Number	
Enclosed	is a check for the follo	wing amount:			
□ \$25.I	00 Filing Fee \$ 5	330.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific Certific	ate of Status &

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

Street Address:
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

(FALT LOGISTICS LCC

(Name of the Limited Liab) (A Florida	ility Company as it now appears of da Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L 24000026738</u>	Company were filed on <u>Ja</u>	Musey 12 9 22 4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2024 1AR
(Principal office address MUST BE A STREET ADD	ORESS)	1AR
	<u> </u>	
		723 k 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:		ب
(Mailing address MAY BE A POST OFFICE BOX)		58
B. If amending the registered agent and/or register agent and/or the new registered office address here:		rds, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida
	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 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
AMBR	Roul Caesar	WI East Jackson st	□Add
		5#2340, Tampint 336	02 ⊠Remove
			□Change
AMBR	Shadrach Browne	UCI Box Jackon St. StE	
		Townpay FL 33602	□Remove
			□Change
			🗀 Add
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Tective date, if other an effective date is listed, tote: If the date inserted ocument's effective date	the date must be specifi d in this block does t	ic and cannot be prio not meet the appli	r to date of filing or more cable statutory filing r		
record specifies a delayous filed.	ed effective date, but	t not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
	15 th	2024	·		
ated March		5			
ated Merch			norized representative of	-	