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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name Account Number : I20220000070

: INCFILE.COM LLC

Phone

: (888)462-3453

Fax Number

: (877)919-2613

\*\*Enter the email address for this business entity to be used for future

알annual report mailings. Enter only one email address please.\*\* ₩₩ Email Address: EFILE1234@INCFILE.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ONESTOP SOLUTIONS & LOGISTICS LLC

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K. SALY

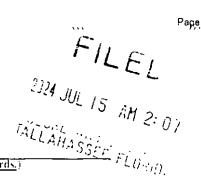
JUL 1 6 2024

## **COVER LETTER**

	egistration So ivision of Cor			
etto tezm	ONESTOP	SOLUTIONS & LOGISTICS	LLC	
SOBJECT		Name of Lin	nted Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
		<del></del>	Firm/Company	
		17350 STATE HWY 249	STE 220	
		HOUSTON, TX 77064	Address	
		HOUSTON, IX Trons	City/State and Zip Code	
		EFILE1234@INCFILE.CO		
For further	information c	oncerning this matter, please c	to be used for future annual re all:	bar negacanom
LOVETTE	EDOBSON		ar ( )	888-462-3453  Daytime Telephone Number
-	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>■</b> \$25.00	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	Certificate of Status &
	ailing Addres		<u>Street Add</u> Registrat	l <u>ress:</u> ion Section
D	ivision of C	orporations	Division	of Corporations
	O. Box 632 allahassee, l			re of Tallahassee Monroe Street, Suite 810

Tallahassee, FL 32303

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



ONESTOP SOLUTIONS & LOGISTICS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Lamited Liability Company)

The Articles of Organization for this Limited Liability Company of Articles of Organization for this Limited Liability Company of Articles of Organization for this Limited Liability Company of Articles of Organization for this Limited Liability Company of Articles of Organization for this Limited Liability Company of Articles of Organization for this Limited Liability Company of Articles of Organization for this Limited Liability Company of Articles of Organization for this Limited Liability Company of Articles of Organization for this Limited Liability Company of Articles of Organization for this Limited Liability Company of Articles of Organization for this Limited Liability Company of Articles of Organization for this Limited Liability Company of Organization for the Articles of Organization for the Articles of Organization for the Or	were filed on $\frac{03/06/2024}{}$	and assigned
Florida document number 1.24000115596		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Lonited Liabili	ty Company." the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida siveet aa	
	City	FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:		,
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties rovided for in Chapter 60	s, and I am familiar with and 95, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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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>	Name	<u>Address</u>	Type of Action
AMBR	Khori Lewis	2232 Fairview Rd	
		Spring Hill, FL 34609	□Remove
			□Change
			□Add
			- □ Rignove
			Charge S
		-	Charge SS.
			□Remove
			Change
			Fi Add
			□Remove
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lote: If the date inserted in t	n the date of filing:  te must be specific and cannot be his block does not meet the a the Department of State's rec	pplicable statutory	(0) or more than 90 days a filing requirements,	ptional) ifter filing ) Pursuant to 605 this date will not be list	.0207 ( cd as t
record specifies a delayed et Lis filed.	fective date, but not an effect	ive time, at 12:01	a.m. on the earlier of	(b) The 90th day after	r the
atedJuly 12	2024				
		holly Lo	) vija.		
		authorized represen	ma-		

Typed or printed name of signee