

L24000148074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

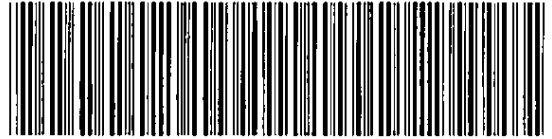
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05/10/2011 11:00:00 AM

05/10/2011 11:00:00 AM

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TIER 1 LOGISTICS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SR. LENWORTH E. DINGWALL

\_\_\_\_\_  
Name of Person

TIER 1 LOGISTICS, LLC

\_\_\_\_\_  
Firm/Company

18301 BEAUTY BERRY CT

\_\_\_\_\_  
Address

LEHIGH ACRES, FL 33972

\_\_\_\_\_  
City/State and Zip Code

TIER1LOGISTICLLC@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LENWORTH DINGWALL

914 510-5081  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 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**

TIER 1 LOGISTICS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/24/2024 and assigned  
Florida document number L24000148074.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)**

18301 BEAUTY BERRY CT

LEHIGH ACRES, FL 33972

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

18301 BEAUTY BERRY CT

LEHIGH ACRES, FL 33972

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

LENWORTH E. DINGWALL

New Registered Office Address:

18301 BEAUTY BERRY CT

*Enter Florida street address*

LEHIGH

*City*

Florida 33972

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	LENWORTH E. DINGWALL	18301 BEAUTY BERRY CT	<input checked="" type="checkbox"/> Add
		LEHIGH ACRESS FL 33972	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHRISTINA D LOVE	200 S ANDREWS AVE #504 1008	<input type="checkbox"/> Add
		FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LENWORTH K. DINGWALL	2050 N. ANDREWS AVE SUITE 102 #1034	<input type="checkbox"/> Add
		POMPANO BEACH FL 33069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 23RD 2024

Typed or printed name of signee

**Filing Fee: \$25.00**