L24000155755

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COVER LETTER

TO: Registration Section Division of Corporations

SEVENFOUR, LLC

SUBJECT: ___

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:

MICHELLE RAMIREZ

Name of Person

Firm/Company

101 S East Coast St. Apt. 717

Address

Lake Worth Beach, Florida, 33460

City/State and Zip Code

mr1220@hotmail.com

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

786

Area Code

at (____

226-5284

For furthe information concerning this matter, please call:

Lewis Carbuccia

Name of Person

Evalue of s a check for the following amount:

☐ \$25.00 Filing Fee

E S30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Daytime Telephone Number

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEVENFOUR, LLC

(Name of the Lin, ited Tiability Company as it new appears on per records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Llability Company were filed on <u>APRIL 01, 2024</u> and assigned 1 brida cocument number <u>L24000155755</u>

unis amendment is submitted to amend the following:

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

Legacy Logistics & Supply Chain LLC

" a new come must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC,"

Entry new principal offices address, if applicable:	N A		
Pelacitat office address MUST BE A STREET ADDRESS)	N/A		
	N A		
		↓ ~	
Potes new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	***	
	N/A	сэ 	
	NeA		

A an induced merily stored agent and/or registered office address on our records, <u>enter the name of the new registered</u> (2011) 10th on the way registered office address here:

same of New Registered Agent:	N/A		
n ner ører el <u>Office ådrea</u> r	N A		
	· ·	Enter Florida street address	
	N/A	. Florida	NA
		City	Zip Code

1. No. 1 and March in anti-ne, if changing Registered Agent:

Accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the second statutes relative to the proper and complete performance of my duties, and 1 am familiar with and of the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is to even by seflect a charge in the registered office address, I hereby confirm that the limited liability second s

recording Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

	<u>Na</u> my	Address	Type of Action
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vielending any other information, enter change(s) here: (Attach additional sheets, if necessary),

. . .

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	N'A
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Martine in	ted in this block does not meet the applicable statutory filing requirements, the state we conclude 1 sted a
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	yed effective date, but not an effective time, at 12.01 and on the earlier of the Physical System the
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