L2400028049

(Re	equestor's Name)	•
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100432964401

LLC Amena

07/12/24=-01047--002 **30.00



JUL DE 2024 A RAMSEY

COVER LETTER

TO:	Registration Sec Division of Corp		•		
SUBJE	ct. * T	he Hustle Tear	m logistics.	LLC	
SULVE	CI	Name of Lim	ited Liability Company		
The encl	losed Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please n	eturn all correspon	dence concerning this matter	to the following:		
		<u>Mathanie</u>	Name of Person		
		1.1	Figh/Company		
			Firm/Company		
		260 Hight	iand Meadows Address	c Ct	
		<u>Daven port</u>	City/State and Zip Code	337	
		+hahistleted	City/State and Zip Code (3M, //c . //b @ 9m to be used for future appeal re	gail. Com.	
For furtl	er information co	ncerning this matter, please co	•	-port notaleadon)	
	Mathanie Name of	Surez Person	at (<u>352</u>)3 Area Code	<u>5 73 – 4/4/</u> Daytime Telephor	ne Number
Enclosed	d is a check for the	e following amount:			
□ \$ 25.	.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encle		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
,	Mailing Address	 '	Street Ade		
	Registration So			tion Section	ne

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILEU

The Hustle (Name of the Limit	leam	Logistics	1.1c	2024 JUL 12	AM 8: 24
(Name of the Limit	ed Liability C (A Florida Lin	orapany as it now a nited Liability Comp	appears of	n our records.)	- 15 3 AV 5 1
The Articles of Organization for this Limited Li Florida document number	ability Comp				
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited	liability compa	ny here:		
The new name must be distinguishable and contain the wo	ords "Limited I	Liability Company,"	the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica					
(Principal office address MUST BE A STREET		 S)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X)</u>				
B. If amending the registered agent and/or regarded agent and/or the new registered office address	gistered offi <u>here</u> :	ice address on o	ur recor	ds, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:					
New Registered Office Address:					
		Enter	Florida st	reet address	
				, Florida _	<u>-</u>
New Registered Agent's Signature if changing De		City			Zip Code

ature, it 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Juan D. Bosch	38352 Hamrich DR	ZAdd
		38352 Hamrich DR Dade City, FL 33525	□Remove
			□Change
			□ Add
			□Remove
			□Add
			□Remove
			□Change
		-	□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
. Effective	e date, if other than the date of filing: (optional)
Note: If	e date, if other than the date of filing:
the record s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
Dated	July 8, 2024.
	M. Bupaer
	Signature of a prember or authorized representative of a member
	Mathaniel Sugrez Typed or printed name of signee
	Typed or printed name of signee