

L24000370719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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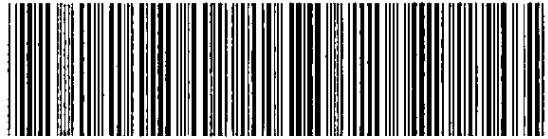
(Business Entity Name)

(Document Number)

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A. HUNT

09/09/24

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MYRACLE LOGISTICS LIMITED LIABILITY COMPANY  
\_\_\_\_\_

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:

Johnny Goosby

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

MYRACLE LOGISTICS LIMITED LIABILITY COMPANY

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

5784 Royal Hills Cir.

\_\_\_\_\_  
Address

Winter Haven, FL. 33881

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

schoolspirit@rocketmail.com

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

For further information concerning this matter, please call:

Johnny Goosby

863

557-5387

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**

MYRACLE LOGISTICS LIMITED LIABILITY COMPANY

(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 8/23/2024 and assigned  
Florida document number L24000370719.

This amendment is submitted to amend the following:

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

MYRACLE LOGISTICS LLC

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)

5784 ROYAL HILLS CIR

WINTER HAVEN, FL. 33881

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

(Mailing address MAY BE A POST OFFICE BOX)

5784 ROYAL HILLS CIR

WINTER HAVEN, FL. 33881

**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:

JOHNNY GOOSBY

New Registered Office Address:

5784 ROYAL HILLS CIR

*Enter Florida street address*

WINTER HAVEN

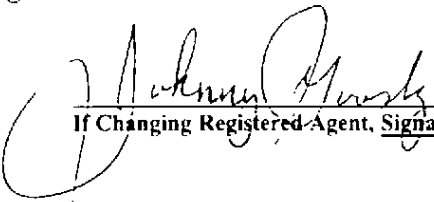
*City*

Florida 33881

*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>
P	JOHNNY GOOSBY	5784 ROYAL HILLS CIR	<input checked="" type="checkbox"/> Add
		WINTER HAVEN, FL. 33881	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	CASSANDRA GOOSBY	5784 ROYAL HILLS CIR	<input type="checkbox"/> Add
		WINTER HAVEN, FL. 33881	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	TEKEIRA GOOSBY	4244 DINNER LAKE ST	<input checked="" type="checkbox"/> Add
		LAKE WALES, FL. 33859	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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CLERK OF STATE  
TALLAHASSEE, FL  
-9 AM 8:19

2020-09-09 AM 8:19  
OFF STATE  
SUSSESS FL

**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 30, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee