

L24000412652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

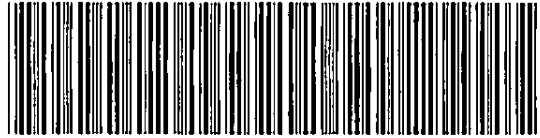
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

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ML

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lou 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:

Nykida Haskins

Name of Person

Lou Logistics, LLC

Firm/Company

1431 Simpson Road #1192

Address

Kissimmee Florida, 34744

City/State and Zip Code

nykidahaskins4@gmail.com

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

For further information concerning this matter, please call:

Nykida Haskins

910 442-6939
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

SECRETARY OF STATE
TALLAHASSEE, FL

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

Low Logistic, 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 September 23, 2024 and assigned Florida document number L24000412652.

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)

1431 Simpson Road #1192

Kissimmee

Florida, 34744

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1431 Simpson Road #1192

Kissimmee

Florida, 34744

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:

New Registered Office Address:

1431 simpson Road #1192

Enter Florida street address

Kissimmee

Florida 34744

City

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

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TALLAHASSEE, FL

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>
AP	Nykida Haskins	1431 Simpson Road #1192	<input type="checkbox"/> Add
		Kissimmee	<input type="checkbox"/> Remove
		Florida, 34744	<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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STORE CLERK OF STATE
TALLAHASSEE, FL

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2024 NOV 13 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV 19 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FL

7-11-61

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated September 23, 2024

Myrinda Harsh
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Nyckida Flaskins

Typed or printed name of signee