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S. PRATHER

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Division of Co			
Tri-Crow	n Logistics LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
	pondence concerning this matter	-	
	Cassandra Joy Johnson		
		Name of Person	
	Tri-Crown Logistics LLC		
		Firm/Company	
	12040 Lake Pines Rd		
		Address	
	Leesburg FL 34788		
		City/State and Zip Code	
	ms.queen.boss8@gmail.com E-mail address: (n to be used for future annual report no	tification)
For further information	concerning this matter, please c	•	
Cassandra Joy Johnson	ı	352 6020460	
Name	of Person	at () Area Code Daytir	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		Street Address:	
Registration Division of	Section Corporations	Registration Se Division of Co	
P.O. Box 63		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tri-Crown Logistics LLC		
(Name of the Limited Lia	bility Company as it now appears on our records.) rida Limited Liability Company)	${r_n}$ ω
(2) 2 100	and Elimica Elactify Company)	07 13 FH
The Articles of Organization for this Limited Liability	Company were filed on 10/29/2024	and assigned
Florida document number L24000422718		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
Tri-Crown Logistics LLC		
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registe		name of the new registered
agent and/or the new registered office address here	<u>e</u> :	
Name of New Registered Agent:		
Now Do the orlogon Allow		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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

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>	Name	Address	Type of Action
AMBR	Cassandra Joy Johnson	12040 Lake Pines Rd Leesburg FL 34788	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change

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Filing Fee: \$25.00