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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

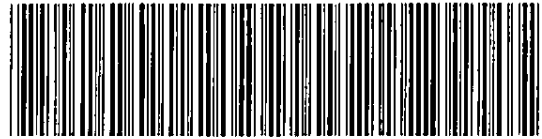
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORT TO PORT LOGISTICS
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:

SHERICK BRINSON
Name of Person

FORT TO PORT LOGISTICS
Firm/Company

101 people st.
Address

Eatonville, FL 32751
City/State and Zip Code

blessedchild87@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHERICK BRINSON at (407) 467-0090
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

PORT TO PORT LOGISTICS

(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 10/18/2024 and assigned Florida document number L24000445115.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

101 people st.

Eatonville, FL

32751

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LILLIE SHAW	500 people st.	<input type="checkbox"/> Add
		Eatonville, FL 32751	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHERICK BRANSON	101 people St.	<input checked="" type="checkbox"/> Add
		Eatonville, FL 32751	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Angie Williams	101 People St.	<input checked="" type="checkbox"/> Add
		Winnamun, FL 32751	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Angie Jones		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRIAN SHAW	414 PERCH DR	<input checked="" type="checkbox"/> Add
AMBR		FAYETTEVILLE, NC 28306	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	ROGER JONES JR	711 Bayou Dr.	<input checked="" type="checkbox"/> Add
		CASSELBERRY, FL 32707	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I HAVE AN EIN FOR my company. THE number IS
99-4302970.

E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

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.

If the record 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 record is filed.

Dated NOVEMBER 17, 2024.

Sherick L Brinson
Signature of a member or authorized representative of a member

SHERICK BRINSON
Typed or printed name of signee