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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee. FL 32314

SUBJECT:	TAHANISIO	10615TIC 11C		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	B EN:	JAMIN TOLLES Name of Person	·	
		Firm/Company		
	77TH 5T # 1025 Address			
	FOUT LANDERS	OALE, FL 33316 City/State and Zip Code		
	BENJ11 E-mail address: (223 1001 @ 6 M A1L. C to be used for future annual report noti	OM fication)	
For further information c	oncerning this matter, please ca	all:		
BENJA Name o	MIN TOLLES:	at (<u>754</u>) <u>261.6</u> Area Code Daytim	67 23 e Telephone Number	
Enclosed is a check for the	ne following amount:			
☑ \$25.00 Filing Fee	S30.00 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 Addres Registration S		Street Address:	ction	
Division of C			Registration Section Division of Corporations	
P.O. Box 632	·	The Centre of Tallahassee		

2415 N. Monroe Street. Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

TAILWIND	LOGISTIC LLC		2020 Jil - 2 PH	5: 38
(Name of the Limiter	LO615T1C LLC 1 Liability Company as it now appears A Florida Limited Liability Company)	on our records.)	i ÀLi	:
The Articles of Organization for this Limited Lia	bility Company were filed on	03/13/2025	and assigned	_
Florida document number <u>L 25 000 1242</u>	.52			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	the limited liability company her	<u>e</u> :		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the des	ignation "LLC" or the	abbreviation "L.L.C."	_ . .
Enter new principal offices address, if applica	ble:			<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)			<u>—</u>
	 	•		_
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE B	<u> </u>	.	· · · · · ·	
B. If amending the registered agent and/or reagent and/or the new registered office address	U	cords, <u>enter the na</u>	me of the new regis	<u>tered</u>
Name of New Registered Agent:	BENJAMIN	TORRES		
New Registered Office Address:	1323 SE 19 TH Enter Florid	5T #1025 la street address	. <u>.</u> _	
	FOET LAUDER DA LE	Florida _	33 316 Ziv Code	_
Naw Douistored Agent's Signature if changing De			sigs Circue	

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 anci 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>	Address	Type of Action
			□Add
		 	☐ Change
			□Add
			□Remove
			Z.Remove
			□Change
			□Add
			□Remove
			TChange
			
			□Remove
			□Change
			□Add
			□Remove
			Change.

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ffectiv an effec	e date, if other than the date of filing:
<u>ote:</u> li	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocumer	t's effective date on the Department of State's records.
record Lis filed	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
int ari	05/23/2025.
aicc	US TEST EUC V.
	The second s
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00