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SB 8/5/25

## **COVER LETTER**

TO: Registration S Division of Co			
MMT LOC SUBJECT:	GISTICS, LLC		
SUBJECT:	Name of Line	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning <b>thi</b> s matter	to the following:	
	THAMES, MARCUS		
		Name of Person	
	MMT LOGISTICS, LLC		
		Firm/Company	
2831 E OAKLAND PARK BLVD SUITE 9 #1185			
		Address	
	FT LAUDERDALE, FL 3	3306	$\frac{1}{2}$ $\overline{\omega}$
	1102676	City/State and Zip Code	cation)
	marcusmontell2357@gmail E-mail address: (	.com to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	. •
THAMES, MARCUS		954 294-5603 at ( )	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MMT LOGISTICS, 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  $\frac{05/13/2025}{1}$ and assigned Florida document number \_\_\_\_\_L25000226588 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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) 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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
MGR	THAMES, MARCUS	4047 NE 16TH STREET #408	🗀 Add
		LAUDERHILL, FL 33313	□Remove
			■Change
			□Remove
			Change
		<del> </del>	DAdd
			Remove
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		<del></del>	Change
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			□Remove
			□Change

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Filing Fee: \$25.00