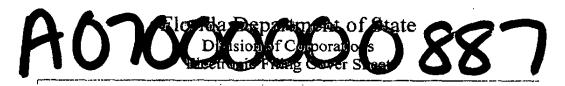
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000296038 3)))



H170002960383ABC3

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RICHARDS & ASSOCIATES, PA

Account Number : I20110000091

Phone Fax Number : (305)858-9900 : (305)285-0015

**Enter the email address for this business entity to be usedafor fatur annual report mailings. Enter only one email address please.

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION LOGISTIC ENTERPRISES FAMILY LIMITED PARTNERSHIP

Certificate of Status	: O
Certified Copy	0
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Corporate Filing Menu

Help

COVER LETTER

	ion Section of Corporations	adas,	
SUBJECT:	LOGISTIC ENTERPRISES		
502011	Name of Florida Limited Par	tnership or Limited Liability	y Limited Partnership
The enclosed Ce	rtificate of Amendment ar	nd fee(s) are submitted	for filing.
Please return all	correspondence concernir	ng this matter to:	
ELENA DIAZ	·		
	Contact Person		
RICHARDS & SAI			
	Firm/Company		
2665 SOUTH BAY	SHORE DRIVE, SUITE 703		
	Address		
MIAMI, FL 33133			
	City, State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
ediaz@richards-la-			
E-mail address	s: (to be used for future annual	report notification)	
For further infor	mation concerning this ma	atter, please call:	
ELI	ENA DIAZ	at (305) 8589	9900
Name of C	Contact Person	Area Code and Day	time Telephone Number
Enclosed is a che	eck for the following amo	unt:	
\$52.50 Filing Fe	e □\$61.25 Filing Fee and Certificate of Status	☐\$105.90 Filing Fee and Certified Copy	□\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDI	RESS:	MAILING A	
Registration Sec		Registration	
Division of Corr Clifton Building		Division of C P. O. Box 63	
2661 Executive		Tallahassee,	
Tallahassee, FL	32301		

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

LOGISTIC ENTERPRISES	FAMILY LIMITED PARTNE	RSHIP
Insert name currently on	file with Florida Department of	State
Pursuant to the provisions of section 620.1202, I limited liability limited partnership, whose certif 07/20/2007, assigned Fl	ficate was filed with the Florida document number A	orida Department of State on .07000000887
adopts the following certificate of amendment to	its certificate of limited p	artnership.
This amendment is submitted to amend the following:	;	
A. If amending name, enter the new name of the here:	limited parimerskip or limi	ited liability limited partnership
New name must be distinguis	shable and contain an acceptable	e suffix.
Acceptable Limited Partnership suffixes; Limited Partner Acceptable Limited Liability Limited Partnership suffixes:	ship, Limited, L.P., LP, or Ltd. : Limited Liability Limited Part	nership, L.L.P. or tELP.
B. If amending mailing address and/or principal office address here:	ipal office address, <u>enter</u>	new mailing address and/or
New Principal Office Address: (Must be STREET address)		200 100 100 100 100 100 100 100 100 100
New Mailing Address:		
(May be post office box)		
C. If amending the registered agent and/or registered agent and/or the new registered off	riered office address on our ice address bere:	records, enter the name of the
Name of New Registered Agent:	3 - (ib)* - (7).	,
New Registered Office Address:	Enter Florida stre	et address
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agressio 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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

Title	Name	Address	Type of Action
GP	CRISTINA ULLOA	1708 VICTORIA POINTE CIRCLE, WESTON, FL 33327	Add Remove
			☐ Add ☐ Remove
			□ Add □ Remove
			□ Add ≥ □ Remove
			Add Party
			O CA O Add ← O Remove

- E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:
 - This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
 - This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

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	<u></u>		
Effective date, if other than the date of fili Effective date cannot be prior to nor more than 96 State.)	ng: O days after the d	ate this document is fi	led by the Florida Department (
Note: If the date inserted in this block does not me	et the applicable	statutory filing requir	sments, this date will not
e listed as the document's effective date on the D	epartment of Stat	e's records.	
	r		
Standard Adams No. 1			
Signature(s) of a general partner or all	general parts	<u>ers*:</u>	
*NOTE: Only one current general partner is requ	uired to sign this	document unless the li	imited partnership is adding or
emoving a "limited liability limited partnership" e when adding or removing a "limited liability limite	election statement ed partnership" e	L. Chapter 620, F.S., r lection statement.)	equires all general partners to si
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Willoudo Men A			
	 .	3	
Dinamin 1711an			
Kicardo Ottos			
Kicargo Utica			
KICATGO UIDA	-		
Kicargo Ulios	-		
	- -		
	- - eneral partne	r(s), if any:	
Signature(s) of all new or dissociating g	- - eneral vartue	r(s), if any:	
	eneral partne	r(s). if any:	
Signature(s) of all new or dissociating g	- eneral partne	r(s). if any:	
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