L33000550438

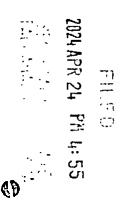
(Re	equestor's Name)	
(Ad	(dress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Registration Section
Division of Corporations

TO:

REMOVE SUBJECT:	D VP		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	JORG	E O PULGARIN	
		Name of Person	
	OCEAN	UNIVERSAL LOGISTICS LLC	
		Firm/Company	
		6324 NW 201 LN	
		Address	
		HIALEAH, FL, 33015	
		City/State and Zip Code	, , , , , , , , , , , , , , , , , , ,
		georkae84@gmail.com	
	E-mail address: (to be used for future annual report not	ification)
For further information cor	ncerning this matter, please c	all:	
Jorge O Pulgarin		1 786-906-259	91
Name of I	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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 Address: Registration Se Division of Co P.O. Box 6327	ection rporations	Street Address: Registration Se Division of Co The Centre of 7	rporations
Tallahassee, FI			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OCEAN UNIVERSAL L	OGISTICS LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our rec d Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 12/13/2023	and assigned
Florida document number L23000550438		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		

		DZ4 APR
Enter new mailing address, if applicable:		79 77
(Mailing address MAY BE A POST OFFICE BOX)		22
		<u> </u>
		-
B. If amending the registered agent and/or registered offic	e address on our records, <u>en</u>	ter the name of the new register
agent and/or the new registered office address here:		49
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		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
VP	Claudia M Capole		□Add
		6324 NW 201 LN Hialeah, FL, 33015	■Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Петоче
			□Change
<u></u>			
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			[]Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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•	
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-	
an et lote:	ive date, if other than the date of filing:
l is fi	
ated	-4/16/2024 Fill.
	Signature of a member or authorized representative of a member
	Jorge O Pulgarin

Filing Fee: \$25.00