

400000 48325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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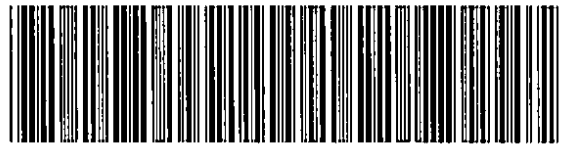
(Business Entity Name)

(Document Number)

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2019 APR 17 PM 12:44

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APR 25 2019  
T. LEWIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FRONTLINE CARGO LOGISTICS, LLC  
\_\_\_\_\_

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:

LUIS R. TORRES  
\_\_\_\_\_

Name of Person

FRONTLINE CARGO LOGISTICS, LLC  
\_\_\_\_\_

Firm/Company

2980 WEST 84TH STREET BAY # 3  
\_\_\_\_\_

Address

HALEAH, FL 33018  
\_\_\_\_\_

City/State and Zip Code

luishfrontlinecargo@gmail.com  
\_\_\_\_\_

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS R. TORRES  
\_\_\_\_\_

305

724-0999  
\_\_\_\_\_

Name of Person

at ( \_\_\_\_\_ )

Area Code

Daytime 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FRONTLINE CARGO LOGISTICS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**

**2010 APR 17 P 0:00**

The Articles of Organization for this Limited Liability Company were filed on MAY 5TH, 2010 and assigned  
Florida document number L16000048325

**TALLAHASSEE, FLORIDA**

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NO CHANGES

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:**

2980 WEST 84TH STREET BAY # 3

**(Principal office address MUST BE A STREET ADDRESS)**

HIALEAH, FL 33018

**Enter new mailing address, if applicable:**

2980 WEST 84TH STREET BAY # 3

**(Mailing address MAY BE A POST OFFICE BOX)**

HIALEAH, FL 33018

**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:

LUIS R. TORRES

New Registered Office Address:

2980 WEST 84TH STREET BAY # 3

*Enter Florida street address*

HIALEAH

*City*

Florida 33018

*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>
MGR	LUIS R. TORRES	8421 NW 138 ST UNIT # 2402	<input checked="" type="checkbox"/> Add
		MIAMI LAKES, FL 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OCTAVIO A. OROCHENA	13534 SW 113 PLACE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ESMERALDA TOCORA LOZANO	2941 NW 211 TH ST	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS, FL 33056	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	YESENIA DE J. TORRES	7011 WEST 29 AVE APT 206	<input type="checkbox"/> Add
		HALEAH, FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

YESENIA DE J. TORRES RESIGNED AND TERMINATED ALL PARTICIPATION IN THE COMPANY AS  
OF APRIL 05, 2019

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

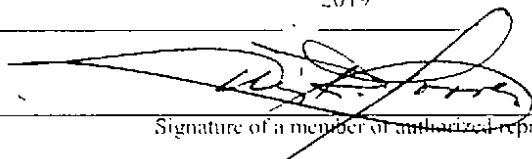
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 APRIL 5 2019



Signature of a member or authorized representative of a member

LUIS R. TORRES

Typed or printed name of signee