

7/13/2020

2020-07-22 18:45:08 (GMT) 3054892902 From: LAXMY CHACON
Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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Fax Number : (850)617-6383

From:

Account Name : LAXMY'S CARRIER SERVICES
Account Number : 120040000007
Phone : (305)640-0281
Fax Number : (305)489-2902

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

Email Address: LAXMYSCARRIER1@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NEWS LOGISTICS LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEWS 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 A RODRIGUEZ DE LA NUEZ

Name of Person

News Logistics LLC

Firm/Company

9889 NW 123RD TERRACE

Address

HIALEAH GARDENS , FL 33018

City/State and Zip Code

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

For further information concerning this matter, please call:

LAXMY CHACON

305 640-0281
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
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☐ \$55.00 Filing Fee &
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☒ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



July 22, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NEWS LOGISTICS LLC
2000 SW 68 WAY
MIRAMAR, FL 33023US

SUBJECT: NEWS LOGISTICS LLC
REF: L11000058539

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

Chapter 605, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

PLEASE NOTE THAT LUIS A RODRIGUEZ DE LA NUEZ IS LISTED AS A MANAGING MEMBER. PLEASE CORRECT YOUR DOCUMENT ACCORDINGLY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

FAX Aud. #: H20000222496
Letter Number: 720A00013780

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

2020 JUL 23 PM 2:59

NEWS 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 05/18/2011 and assigned
Florida document number L11000058539.

This amendment is submitted to amend the following:

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

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:

Name of New Registered Agent:

FRANKLIN HERNAN JARAMILLO

New Registered Office Address:

8600 NW SOUTH RIVER DR STE 239

Enter Florida street address

MEDLEY


Florida 33166

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LUIS A RODRIGUEZ DE LA NUI	9889 NW 123 TERRACE	<input type="checkbox"/> Add
		HIALEAH GARDENS, FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRANKLIN H. JARAMILLO	8600 NW SOUTH RIVER DR STE 239	<input checked="" type="checkbox"/> Add
		MEDLEY, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROBERTO LEON DEL SALTO	8600 NW SOUTH RIVER DR STE 239	<input checked="" type="checkbox"/> Add
		MEDLEY, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VICTOR ACOSTA FREIRE	8600 NW SOUTH RIVER DR STE 239	<input checked="" type="checkbox"/> Add
		MEDLEY, FL 33166	<input 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

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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.

Typed or printed name of signee

Filing Fee: \$25.00