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(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone #	r)
PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Name)
(De	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

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COVER LETTER

end ic/"c.	MULTICONO	EP LOGISTICS, LLC.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	,	GLADY I MANRIQUE	
		Name of Person	.
	MULT	TCONCEP LOGISTICS, LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	:	8359 NW 66TH STREET	
		Address	
		MIAMI, FL 33166	
		City/State and Zip Code	
		CCOUNTING@YAHOO.CO	
	E-mail address: (to be used for future annual report	t notification)
For further information c	oncerning this matter, please ca	ıll:	
GLADYS I M	MANRIQUE	305 at ()	776-2365
Name o	f Person		ytime Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section Division of Corporations

> 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



2019 JUL 22 PH 1:30

		2017 00 2 62	. 111 1 00
	MULTICONCEP LOGISTICS, LLC.		. :
(<u>Name of the Limite</u>	d Liability Company as it now appears A Florida Limited Liability Company)	on our records.) .	
,		·	
The Articles of Organization for this Limited Lia	bility Company were filed on	06/13/2011	and assigned
Florida document number L11000069020			
This amendment is submitted to amend the follow	wine:		
	6		
A. If amending name, enter the new name of t	the limited liability company her	<u>·e</u> :	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the de:	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applical	blar		
			<u> </u>
Principal office address MUST BE A STREET	ADDRESS)	_	
Enter new mailing address, if applicable:			
` ' '		<u> </u>	 , • - -
<u>Mailing address MAY BE A POST OFFICE B</u>	<u> </u>		
B. If amending the registered agent and/or		our records, <u>enter</u>	the name of the
registered agent and/or the new registered offi	ce address here:		
Name of New Registered Agent:			
New Registered Office Address:	Euter Elver	la street address	
	Laigt Floric	m aireet aan caa	
		, 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	HECTOR F MANRIQUE	8359 NW 66TH ST	
		MIAMI, FL 33166	■ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			□ Change
		Add	
		□ Remove	
		Change	
		Add	
		□ Remove	
		Change	
			□ Remove
			□ Change

ALL LAWFUL AND LEGITI	MATE BUSINESS.	
	<u> </u>	
		 -
fective date, if other than the d	date of filing:	
ote: If the date inserted in this bloc	ck does not meet the applicable statutory filing requirements, this date will	suant to 605,0207 not be listed as
ocument's effective date on the Dep	partment of State's records.	
e record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at $12:01~a.m.$ on rd is filed.	the earlier o
JULY 15	2019	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00