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(Re	equestor's Name)	
(Ad	ldress)	<u></u>
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

T. CLINE

OCT - 1 2012

EXAMINER

COVER LETTER

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TO: Registration S Division of Co	Section orporations	3	
SUBJECT:	Red Ra	abbit Logistics	
	Name of Limi	ted Liability Company	
	of Amendment and fee(s) are sub	·	
		lex Phillips Name of Person	
	ı	Red Rabbit Logistics	
		Firm/Company	
2745 NW 82nd Ave			
		Address	
		Doral, FL 33122	
	<u>a pt</u>	City/State and Zip Code	
For further information	E-mail address: (a concerning this matter, please of	to be used for future annual report notification)	
Alex	Phillips	at (305) 436-9224	* **C ** **
Name	e of Person •		
Enclosed is a check for	the following amount:		178° m.2
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Cortificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	osed)
	LING ADDRESS: stration Section	STREET/COURIER ADDRESS: Registration Section	

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

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

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

	Red Rabbit Logistics				
(Name of the Limited (A	Liability Company as it now appears Florida Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Lia	1/30/12	and assigned			
Florida document numberL12000014	090				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability company here	<u>2</u> :			
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Compar	ny," the designation "	LLC" or the abb	previation	
Enter new principal offices address, if applica	able:				
(Principal office address MUST BE A STREE)	T ADDRESS)				
			20 🖺		
Enter new mailing address, if applicable:			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	***	
(Mailing address MAY BE A POST OFFICE)	BOX)		14. 28 14. Sh	S. Contraction of the contractio	
	 		T - K		
B. If amending the registered agent and/o		ur records, <u>enter</u>			
registered agent and/or the new registered of	fice address here:	,	इस द		
Name of New Registered Agent:	Diego Banchero				
New Registered Office Address:			,		
	Enter Florida street address				
	City	, Florida	Zip Code		
New Registered Agent's Signature, if changing R	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address MGRM** Daniel A. Delgado 3905 Osprey Ct ✓ Remove Weston, FL 33331 Alejandra Phillips MGRM **✓** Add 2745 NW 82nd Ave Doral, FL 33122 Remove ___ Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00