

L12000104055 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900241513849

11/13/12--01010--001 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 NOV 13 PM 5:19

FILED

B. BOSTICK
NOV 15 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Downtown Logistics Solutions 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:

ALAN D. ROJAS
Name of Person

Downtown Logistics Solutions LLC
Firm/Company

11655 N.E. 20TH DR.
Address

NORTH MIAMI - FL 33181
City/State and Zip Code

ADROJAS2003@GMAIL.COM
E-mail address: (to be used for future annual report notification)

FILED
12 NOV 13 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ALAN D. ROJAS at (305) 861-0898 - (305) 905-6707
Name of Person 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**

Downtown Logistics Solutions 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 AUG-13-2012 and assigned Florida document number L12000104055

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 end with 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)

FILED
12 NOV 13 PM 5:11
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ENRICO TREVISANATO	8934 Abbot Ave.	<input checked="" type="checkbox"/> Add
		SURFSIDE, FL 33134	<input type="checkbox"/> Remove
MGRM	RICCARDO TREVISANATO	VIA ROSSINI 57	<input checked="" type="checkbox"/> Add
		SPINEA, VENICE 30038	<input type="checkbox"/> Remove
		ITALY	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

STATE OF FLORIDA
 TALLAHASSEE
 2 NOV 13 PM 4:19
 FILED

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

Dated 11-08- 2012

afatto y

Signature of a member or authorized representative of a member

ALAN D. ROJAS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
12 NOV 13 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA