

L130000073630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

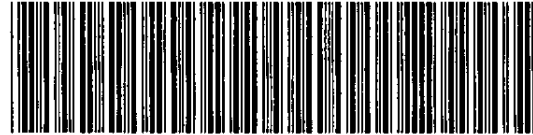
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL Gulligan SEP 24 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ON THE WAY LOGISTICS TRANSPORT 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:

MELVYS BARRIOS

Name of Person

ON THE WAY LOGISTICS TRANSPORT LLC

Firm/Company

36 OLD CHARLOTTE HWY

Address

ASHEVILLE , NC 28803

City/State and Zip Code

elizabethtrucking@hotmail.com

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

For further information concerning this matter, please call:

EVELYN BUENO

Name of Person

at 786 728-6030

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

FILED
2013 SEP 20 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ON THE WAY LOGISTICS TRANSPORT 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 05/20/2013 and assigned
Florida document number L13000073630.

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)

MELVYS BARRIOS

36 OLD CHARLOTTE HWY

ASHEVILLE, NC 28803

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

36 OLD CHARLOTTE HWY

ASHEVILLE, NC 28803

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:

7900 HARBOR ISLAND APT 1518

Enter Florida street address

NORTH BAY VILLAGE

City

, Florida 33141

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>
MGR	JORGE BARRIOS	19672 NW 59TH PLACE	<input type="checkbox"/> Add
		MIAMI , FL 33015	<input checked="" type="checkbox"/> Remove
MGR	MELVYS BARRIOS	36 OLD CHARLOTTE HWY	<input checked="" type="checkbox"/> Add
		ASHEVILLE , NC 28803	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

NEW MAILING ADDRESS:

36 OLD CHARLOTTE HWY , ASHEVILLE , NC 28803

Dated **SEPTEMBER 17**, **2013**

@ Melvys Barrios

Signature of a member or authorized representative of a member

MELVYS BARRIOS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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