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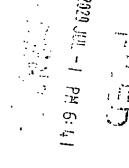
(Requestor's Name)
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(Document Number)
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AUG 1 3 2020 S. YOUNG

## **COVER LETTER**

Division of Co	rporations				
CONDOR	LOGISTICS, LLC				
SUBJECT:		ited Liability Company			
	<del></del>				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	PIETRO MERCURIO				
	<del></del> -	Name of Person	<del>-</del>		
	CONDOR LOGISTICS, I	J.C			
		Firm/Company	<del> </del>		
	7024 NW 107 PLACE				
	Address				
	DORAL FLORIDA 33178				
	PMERCURIO@ME.COM	City/State and Zip Code	· · · · · ·		
	E-mail address: (	to be used for future annual repor	t notification)		
For further information of	concerning this matter, please c	all:			
PIETRO MERCURIO		786 342885	2		
	<u></u>	at ()	<i>;</i>		
Name o	of Person	Area Code D	aytime Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addre</u> Registration		Street Addres Registration	<del></del>		

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

**Registration Section** 

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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CONDOR LOGISTICS, LLC		3
	pany as it now appears on our record Liability Company)	ds.)
The Articles of Organization for this Limited Liability Compa.  Florida document number	ny were filed on	andassigned
riorida document number		. 6
This amendment is submitted to amend the following:		c
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LL	C" 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)		<u> </u>
William duaress WAT BE A FOST OFFICE BOAT		
B. If amending the registered agent and/or registered offic	e address on our records, <u>ente</u>	r 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 addre	ss
	F	lorida
	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>	Address	Type of Action
AMBR	ELIO JESUS BARROSO RIVERO	1947 Thetford Cir, ORLANDO FLORIDA 32824	<b>≘</b> Add
		<del></del> .	□ Remove
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Note:	ve date, if other than the date of filing:
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	06/30/2020
Dated	
	- 17 1-1
	Signature of a member or authorized representative of a member
	MERCURIO PIETRO
	Typed or printed name of signee