

12/21/2018

U300095462

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MONAHAN MIJARES CPA PA
Account Number : 120050000157
Phone : (305)407-1438
Fax Number : (305)397-1003

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WESTON LOGISTIC 24, LLC

Certificate of Status	0
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Page Count	06
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S. PRATHEP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WESTON-LOGISTIC 24, 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:

Roark R. Monahan CPA

Name of Person

Monahan-Mijares CPA, PA

Firm/Company

75 Valencia Avenue, Suite 703

Address

Coral Gables, FL 33134

City/State and Zip Code

elismor.castillo@monahanmijares.com

Email address (to be used for future annual report notification)

For further information concerning this matter, please call:

Roark R. Monahan CPA

305

407-1440

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

WESTON LOGISTIC24, 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 07/03/2013 and assigned
Florida document number L13000095462

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

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 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>	<u>Type of Action</u>
MGR	SQUITIERI, VITTORIO	75 VALENCIA AVE SUITE 703	☐ Add
		CORAL GABLES, FL 33134	☒ Remove
			☐ Change
MGR	MIBELLI, CLAUDIA	122 Riverwalk Circle East	☒ Add
		Plantation, FL 33325	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(5)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(5) The 90th day after the record is filed.

Dated December 21, 2019

Silvio Mibelli

Signature of a member or authorized representative of a member

SILVIO MIBELLI

Typed or printed name of signee

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Filing Fee: \$25.00

FILED
2018 DEC 21 PM 12:37
TALLAHASSEE, FL

WESTON LOGISTICS 24, LLC

Unanimous Consent of the Members

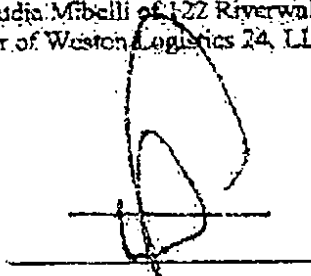
The undersigned, being the Sole Member of Weston Logistics 24, LLC, a company organized under the laws of the State of Florida on July 03, 2013, pursuant to the Operating Agreement executed on July 11, 2013, takes the following action:

WHEREAS, the Manager, Vittorio Squitieri, announces his resignation as Manager of Weston Logistics 24, LLC;

HEREBY RESOLVED, Accept Vittorio Squitieri's resignation as Manager of the company and appoint Claudia Mibelli as the new Manager of the company.

HEREBY RESOLVED, To amend the Articles of Organization, Article V- The name and address of person(s) authorized to manage LLC, to remove Vittorio Squitieri as a Manager, and appoint Claudia Mibelli of 122 Riverwalk Circle East, Plantation, FL 33325 of the LLC as the Manager of Weston Logistics 24, LLC.

Date: 12/21/18



Silvio Mibelli

Sole Member