

L14000002501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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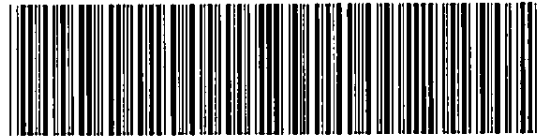
(Business Entity Name)

(Document Number)

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 06/16/2025
Acc#120160000072

en: c SW

Name:	Phoenix Logistics & Cold Storage, LLC
Document #:	
Order #:	16326862

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
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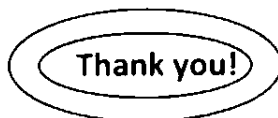
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Availability _____
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Amount: \$	55.00
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILE!

2025 JUN 17 AM 10:39

PHOENIX LOGISTICS & COLD STORAGE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/06/2014 and assigned
Florida document number L14000002501.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2701 S Le Jeune Rd Fl 12

(Principal office address MUST BE A STREET ADDRESS)

Coral Gables, FL 33134-5809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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>
Manager	Grande, Francisco J	2701 S Le Jeune Rd Fl 12	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33134-5809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Carmen Sabater	2701 S Le Jeune Rd Fl 12	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33134-5809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Ralph Perez	2701 S Le Jeune Rd Fl 12	<input type="checkbox"/> Add
		Coral Gables, FL 33134-5809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Chris Allen	2701 S Le Jeune Rd Fl 12	<input type="checkbox"/> Add
		Coral Gables, FL 33134-5809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2025 JUN 11 10:10 AM
ST. JAMES'S HOSPITAL
IAI, AMSSC, 11000A

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2025 JUN 17 AM 10:39
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

(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)(b)

If the record 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 record is filed.

Dated May 13, 2025

Philip M. Whiting, CPA

Signature of a member or authorized representative of a member

Philip M. Whiting, CPA

Typed or printed name of signee

Filing Fee: \$25.00