

L14 0000 76678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

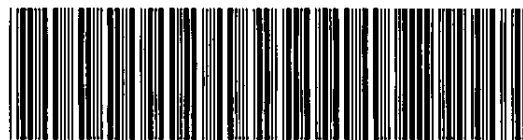
(Business Entity Name)

(Document Number)

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MILWAUKEE, WI 53201



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UNIQUE LOGISTICS, 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:

THOMAS W. JOHNSTON

Name of Person

JOHNSTON & METEVIA, P.A.

Firm/Company

2335 E. ATLANTIC BLVD., SUITE 301

Address

POMPANO BEACH, FL 33062

City/State and Zip Code

CorpDocs@southernspecialties.com

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

For further information concerning this matter, please call:

THOMAS W. JOHNSTON at 954 942-6633

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**

**UNIQUE LOGISTICS, 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 MAY 12, 2014 and assigned Florida document number L14000076675.

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)

1440 S.W. 6TH COURT

POMPANO BEACH, FL 33069

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1440 S.W. 6TH COURT

POMPANO BEACH, FL 33069

**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:

THOMAS W. JOHNSTON

New Registered Office Address:

2335 E. ATLANTIC BLVD., SUITE 301

Enter Florida street address

POMPANO BEACH, FL

Florida 33062

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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/MBR	ROBERT E. COLESCOTT, JR.	1440 S.W. 6TH COURT	<input type="checkbox"/> Add
	ONLY REMOVE COLESCOTT AS MANAGER	POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Remove
MGR/MBR	JAIME A. RANGEL	11060 CAMERON COURT	<input checked="" type="checkbox"/> Add
	ADD RANGEL AS NEW MANAGER/MEMBER	DAVIE, FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 CLERK OF COURTS



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

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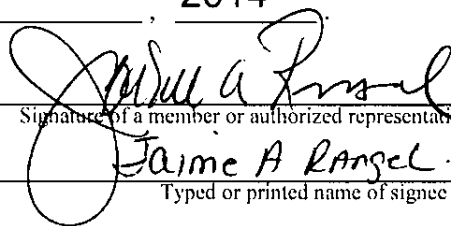
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 27, 2014



Signature of a member or authorized representative of a member

Jaime A Rangel

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF COURT  
JANUARY 1, 2015