# 114000/49933

(Re	questor's Name)	
(Ad	dress)	<u></u>
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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O SIMMONS



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2016

ARIEL GIGLIO 5481 WILES RD, STE 505 COCNUT CREEK, FL 33073

SUBJECT: BANTU LOGISTICS LLC

Ref. Number: L14000149933



We have received your document for BANTU LOGISTICS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 616A00026058

# **COVER LETTER**

	egistration Sec vision of Corp				
SUBJECT		OGISTICS LLC			
301,11501	•	Name of Lim	ited Liability Company	<del></del>	
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for tiling.		
Please retur	m all correspoi	ndence concerning this matter	to the following:		
		ARIEL GIGLIO			
			Name of Person		
		BANTU LOGISTICS LLC	-		
Firm/Company					
5481 WILES RD STE 505					
			Address		
		COCONUT CREEK FL 33	3073		
			City/State and Zip Code		
		ariel.giglio@deluxerealty.us			
		lt-mail address: (i	to be used for future annual report notific	cation)	
For further	information ec	oncerning this matter, please ca	ıll:		
ARIEL GI	GLIO		954 623-7527		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is	a check for th	e 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

BANTU LOGISTICS LLC			
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.) )	
The Articles of Organization for this Limited l Florida document number L14000149933	Liability Company were filed on C	09/24/2014	_ and assigned
This amendment is submitted to amend the fol	lowing:	·	
A. If amending name, enter the new name of	of the limited liability company l	<u>bere</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbro	viation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREET ADDRESS)			5 <b>6</b>
	<u> </u>		E TI
Enter new mailing address, if applicable:			5 F
(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>		<u> </u>
	<del></del>		= 5
B. If amending the registered agent and registered agent and/or the new registered of		n our records, <u>enter th</u>	e name of the nev
Name of New Registered Agent:	ARIEL GIGLIO		
New Registered Office Address:	5481 WILES RD STE 505		
	Enter Flo	orīda sīreet address	
	COCONUT CREEK	Florida <sup>3307</sup>	3
	City		Zıp 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	GABRIEL GIORDANO	5481 WILES RD STE 505	<b></b>
		COCONUT CREEK FL 33073	<b>■</b> Remove
			☐ Change
AMBR	BERTA MANCUSO	5481 WILES RD STE 505	
		COCONUT CREEK FL 33073	■ Remove
			Change
AMBR	MARIA GIGLIO	5481 WILES RD STE 505	<b>⊒</b> Add
		COCONUT CREEK FL 33073	Remove
			□ Change
AMBR	ARIEL GIGLIO	5481 WILES RD STE 505	<b>=</b> Add
		COCONUT CREEK FL 33073	Remove
			Change  Change  Reffieve  Reffieve  Add
			□ Remove
			Change

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<u>Note:</u> If th	ne date inserte	than the dat the date must be d in this block e on the Depar	does not mee	et the applical	o date of filing o	i more than 90 day ling requirement	(optional) s after filing ) Po s, this date wi	rsuant to 605,02 Il not be listed a
		delayed ef the record		te, but not	an effectiv	e time, at 12:	:01 a.m. on	the earlier
Dated <u>1</u>	2- 7-	16	·	Wa.				
		Sign	nature of a mé	mber or author	ized representat	ive of a member		

Page 3 of 3

Filing Fee: \$25.00