# L14000181768

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# COVER BETTER

TO:	Registration Sec Division of Corp		,	
SURIF	CT: LOADS	FOR YOU LOGISTICS	LLC	
SOBOL		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	<del>-</del>	
		ROBERT A RAMIRE	<b>Z</b>	
			Name of Person	
			Firm/Company	
		234 LARK AVE.		
			Address	
		SEBRING, FL 3387	0	
			City/State and Zip Code	······································
		loadsforyoulogistics@		
Dan Gunth			to be used for future annual report notifica	anon)
		oncerning this matter, please ca		
ROBE	RT A RAMIF	REZ	863 214 - 0538	
	Name of	`Person	Area Code Daytime T	elephone Number
Enclosed	l 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

### ONE OF A KIND 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 Lia	bility Company v	were filed on 11/24	4/2014	and assigned
Florida document number <u>L14000181768</u>	<del></del>			A CONTRACTOR OF THE PARTY OF TH
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabil	lity company here:		
LOADS FOR YOU LOGISTICS LLC				
The new name must be distinguishable and end with the w	ords "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>ox</u> )	234 LARK AVE SEBRING, FL		
B. If amending the registered agent and/or registered agent and/or the new registered off	•		ır records, <u>enter the</u>	name of the new
Name of New Registered Agent:	ROBERT A	RAMIREZ		
New Registered Office Address:	234 LARK A			·
		Enter Florida	street address	
	SEBRING		, Florida <u>3387</u>	<u>'0</u>
	-	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>	Address	Type of Action
MGR	LAVERNE, WERNER	4335 SHAD DRIVE	
		SEBRING, FL 33870	■ Remove
MGR	ROBERT, RAMIREZ A	4335 SHAD DRIVE	
		SEBRING, FL 33870	■ Remove
MGR	WERNER, LAVERN	234 LARK AVE,	Add
		SEBRING, FL 33870	Remove
MGR	RAMIREZ, ROBERT A	234 LARK AVE.	Add
		SEBRING, FL 33870	Remove SECTE AND PROPOSE ALLANAS SEE, FLORDA

SEBRING FL, 33870		
0.00,000		
<del></del>		
effective date must be specific, canno	t be prior to date of receipt or filed date and ca	(optional) nnot be more than 90 days after
effective date must be specific, canno date this document is filed by the Flor DECEMBER 8	t be prior to date of receipt or filed date and ca	
date this document is filed by the Flor	t be prior to date of receipt or filed date and carida Department of State)	

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Filing Fee: \$25.00

