L14000187618

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000335924450

10/28/19--01014--028 **25.00

19 OCT 28 MM 11: 43

MDY 25 2019 **CNLAIR

COVER LETTER

TO:	Registration Section Division of Corporations				
CHR IF	ener's	GISTIC LLC		1000	
SUBJE	Name of Limited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		NIYERETH GUZMAN			
			Name of Person		
		2451 NW 109TH AVE UN	Firm/Company		
		MIAMI, FL 33172	Address		
			City/State and Zip Code		
			to be used for future annual report notif	leation)	
For furt	her information c	oncerning this matter, please c	all:		
NIYER	ETH GUZMAN		786 718-4013		
	Name o	f Person	Area Code Daytime	e Telephone Number	
Enclose	d is a check for th	ne 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)	
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Sectio Division of Corpor	n	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

19 OC 28 MIL. W.

ISCAN LOGISTICS LLC

company has been notified in writing of this change.

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

	Liability Company were filed on DECEMBER 9, 2014	and assigned
Florida document number L14000187618	.	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	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 abb	reviation "L L.C."
Enter new principal offices address, if appli	cable:	<u> </u>
(Principal office address MUST BE A STREE	ET ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	(BOX)	
D. If amounting at the state of		
registered agent and/or the new registered of	l/or registered office address on our records, <u>enter t</u> office address here:	ne name of the nev
		
Name of New Registered Agent:	N/A	
Now Bouistand Office Address		
New Registered Office Address:	Enter Florida street address	
	Florida	
	, Florida	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
provisions of all statutes relative to the propaction as regions of my position as regions.	ed agent and agree to act in this capacity. I further agre per and complete performance of my duties, and I am far istered agent as provided for in Chapter 605, F.S. Or, if registered office address, I hereby confirm that the limi	niliar with and this document is

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>	Type of Action
М	CARLOS OCAMPO	12451 NW 7TH LN	Add
		MIAMI, FL 33182	
			■ Remove
			☐ Change
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Remove
			Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change

			•	
		-		
				
				—
		-	-	
	2000			
Fffee	ctive date, if other than the date of filing:		(optional)	
If an e <u>Note</u>	effective date is listed, the date must be specific and cannot If the date inserted in this block does not meet the iment's effective date on the Department of State's i	be prior to date of filing or more applicable statutory filing	e than 90 days after filing.) Pursuant t	
	ecord specifies a delayed effective date, l se 90th day after the record is filed.	but not an effective tir	ne, at 12:01 a.m. on the e	arlier of
Date	OCTOBER 15	9		
		or authorized representative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00