

LE5000114400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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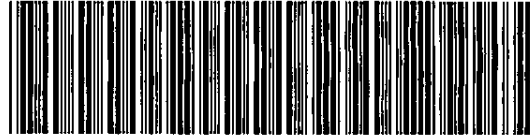
(Business Entity Name)

(Document Number)

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10/27/15--01019--015 ***25.00

OCT 28 2015

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LITTLE MOUNTAIN 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:

JOHN W. WOOD

Name of Person

THE LAW OFFICE OF JOHN W. WOOD

Firm/Company

4900 WOODWAY DRIVE, SUITE 1110

Address

HOUSTON, TEXAS 77056

City/State and Zip Code

OFFICE@JOHNWOODLAW.COM

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JUANITA RENDON

713
at ()

529-7375

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

LITTLE MOUNTAIN 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 JULY 1, 2015 and assigned
Florida document number L15000114400.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

CESAR A. HERNANDEZ

New Registered Office Address:

8649 BRIXFORD STREET

Enter Florida street address

ORLANDO

, Florida 32386

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>
MGR	CESAR A. HERNANDEZ	8649 BRIXFORD STREET	<input checked="" type="checkbox"/> Add
		ORLANDO, FLORIDA 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	CESAR A. HERNANDEZ	8649 BRIXFORD STREET	<input checked="" type="checkbox"/> Add
		ORLANDO, FLORIDA 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	MANUEL A. REVENGA	11463 SW HALTON STREET	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE, FL. 34987	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	MANUEL A. REVENGA	11463 SW HALTON STREET	<input type="checkbox"/> Add
		PORT SAINT LUCIE, FL. 34987	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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 OCTOBER 26, 2015

Cesar A. Hernandez
Signature of a member or authorized representative of a member

CESAR A. HERNANDEZ

Typed or printed name of signee