## L16000053744

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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DIVISION OF CORPORATIONS

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## **COVER LETTER**

Division of Corp			
SUBJECT:		gels Logistics LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	<del></del>	Pedro O Morales Name of Person	<del></del>
		Name of Person	
	Mayain	ni Angels Logistics LLC Firm/Company	
		11901 sw 45th st	<del></del>
		1 tadi est	
		Miami, FL 33183 City/State and Zip Code	
	Do	•	
	E-mail address: (	dmp11@gmail.com to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	all:	
	Morales	at (_786)308-1672	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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

Mayaimi Angels Log	istics LLC	<u>.</u>
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L16000053744</u> .	ere filed on <u>03/16/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbt	Eviation "L.L.C."
Enter new principal offices address, if applicable:		SE SI TI
(Principal office address MUST BE A STREET ADDRESS)		9 1
-		PH 3: 21
Enter new mailing address, if applicable:		: 21
(Mailing address MAY BE A POST OFFICE BOX)		···
-		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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>	Address	Type of Action
AMBR	Pedro O Morales	11901 sw 45th st, Miami, FL 33175	<b>K</b> Add
		<del> </del>	Remove
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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OIVISION OF CONSONALIONS	IT C
Effective date, if other than the date of filing: September 30, 2016 (optional) (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	.0207 (3 ed as th
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied).  The 90th day after the record is filed.	er of:
Dated September 30, 2016	
Signature of a member or authorized representative of a member	•
Pedro O Morales Typed or printed name of signee	

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Filing Fee: \$25.00