

116000070700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

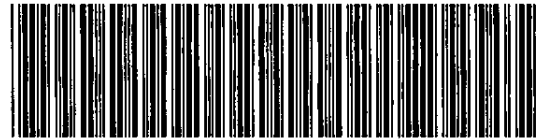
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T WASHINGTON

DEC 19 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Makarios 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:

Luis Feliciano

Name of Person

Makarios Logistics LLC

Firm/Company

104 Augustus Pt

Address

Sanford, FL 32773

City/State and Zip Code

makarioslogistics@yahoo.com

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

For further information concerning this matter, please call:

Luis Feliciano

407 376-7106
at ()

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**

Makarios 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 04/11/2016 and assigned
Florida document number L16000070700.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

104 Augustus Pt

Sanford, FL 32773

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

104 Augustus Pt

Sanford, FL 32773

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Luis Feliciano

New Registered Office Address:

104 Augustus Pt

Enter Florida street address

Sanford

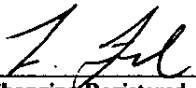
City

, Florida 32773

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	Questy Martinez	8201 Plantation Lakes Cir	<input type="checkbox"/> Add
		Sanford, FL 32810	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ricardo Rosa	8201 Plantation Lakes Cir	<input type="checkbox"/> Add
		Sanford, FL 32810	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Luis Feliciano	104 Augustus Pt	<input checked="" type="checkbox"/> Add
		Sanford, FL 32773	<input 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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 16 DEC 18 AM 10:23
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

16 DEC 16 AM 10: 23
 DEPT. OF STATE
 PALM BEACH, FLORIDA

FILED
16 DEC 16 AM 10:23
CLERK OF STATE
TALLAHASSEE, FLORIDA

(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 14, 2016.


Signature of a

Signature of a member or authorized representative of a member

Questy Martinez

Quetsy Martinez
Type or printed name of signee

Typed or printed name of signee