

L16000097051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

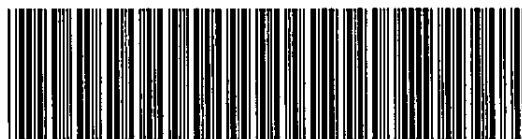
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

01 FEB -1 P 12:08

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S Warren

FEB 02 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LEB LOGISTIC 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:

Cleo Mitchell  
Name of Person

Leb Logistics  
Firm/Company

4610 Central Ave Suite B  
Address

St. Petersburg FL 33711  
City/State and Zip Code

1premiere-trucking@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cleo Mitchell at (727) 208-6016  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

Leb 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 5-18-2016 and assigned Florida document number 11600097051

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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17 FEB - 1 P 12:08  
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:

Daral Simmons

New Registered Office Address:

4133 39th AVE S

Enter Florida street address

St Petersburg

City

Florida

33711

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.*

Daral Simmons

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          | Cleo Mitchell | 4133 39 <sup>th</sup> AVE S | <input type="checkbox"/> Add               |
|              |               | St Petersburg FL 33714      | <input checked="" type="checkbox"/> Remove |
|              |               |                             | <input type="checkbox"/> Change            |
|              |               |                             | <input type="checkbox"/> Add               |
|              |               |                             | <input type="checkbox"/> Remove            |
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FILED  
JUN 11 10 12 AM '09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[illegible]

(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.

January 01, 2017.

Geo Mitchell

Signature of a member or authorized representative of a member

Cleo Mitchell

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

FILED  
JUN 19 1963  
CLERK OF COURT  
TALLAHASSEE, FLORIDA