

L16000 107904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

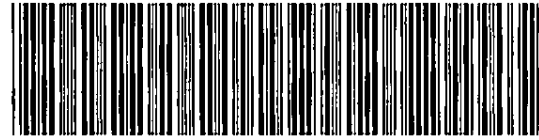
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 27 2019
T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FONTOURA 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:

FONTOURA, HELBERT D
Name of Person
FONTOURA LOGISTICS LLC
Firm/Company
2445 NE 209th TER
Address
AVENTURA, FL 33180
City/State and Zip Code
helbertfontoura@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FONTOURA, HELBERT D 904 377-7124
Name of Person at () 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**

FONTOURA 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 Miami, Florida 06/03/16 and assigned Florida document number L1600010780-4.

This amendment is submitted to amend the following:

A. If amending name, enter the new name 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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2445 NE 209 TERR AVENTURA, FL 33180

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2445 NE 209 TERR AVENTURA, FL 33180

(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:

FONTOURA, HELBERT D

New Registered Office Address:

2445 NE 209 TERR

Enter Florida street address

AVENTURA

City

Florida

33180

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

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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>
MMGR	FONTOURA, HELBERT D		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2445 NE 209th TER AVENTURA, FL 33180	<input type="checkbox"/> Change
AGENT	FREITAS, JASON		<input type="checkbox"/> Add
		17970 NE 31ST CT APT 4111 AVENTURA, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FONTOURA, VANESSA		<input type="checkbox"/> Add
		2445 NE 209 TERR AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FONTOURA, HELBERT D		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: 05/31/2019 (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 605.0207 (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.

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 05/31/2019

[Handwritten Signature]
Signature of a member or authorized representative of a member

HELBERT D FONTOURA
Typed or printed name of signer