

# L16000155812

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

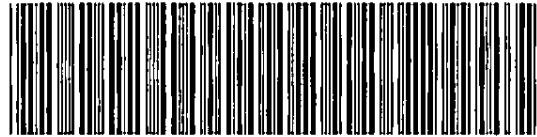
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Cold Spot Freight 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:

Ivan Persky  
Name of Person

Trans Cold Logistics LLC  
Firm/Company

12717 W Sunrise Blvd #166  
Address

Sunrise, FL 33323  
City/State and Zip Code

ivan@coldspotfreight.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ivan Persky at ( 904 ) 903-0292  
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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Trans Cold 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 08/19/16 and assigned  
Florida document number L16000155812.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Cold Spot Freight LLC

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)**

5011 Gate Parkway

Bldg 100 - Suite 100

Jacksonville, FL 32256-0577

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

5011 Gate Parkway

Bldg 100 - Suite 100

Jacksonville, FL 32256-0577

**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:

New Registered Office Address:

5011 Gate Parkway - Bldg 100 - Suite 100

*Enter Florida street address*

Jacksonville

*City*

Florida

32256-0577

*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>
AMBR	Ivan R Persky	5011 Gate Parkway	<input type="checkbox"/> Add
		Bldg 100 - Suite 100	<input type="checkbox"/> Remove
		Jacksonville, FL 32256-0577	<input checked="" type="checkbox"/> Change
AMBR	Paula M Wansor	5011 Gate Parkway	<input type="checkbox"/> Add
		Bldg 100 - Suite 100	<input type="checkbox"/> Remove
		Jacksonville, FL 32256-0577	<input checked="" type="checkbox"/> Change
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

N/A

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CLERK OF COURT  
FLORIDA

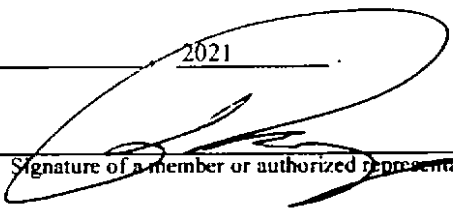
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 MARCH 8th 2021

  
Signature of a member or authorized representative of a member

Ivan Persky

Typed or printed name of signee