L1700004158

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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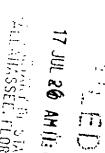


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TO JUL 26 PH 2: \$ JUL 26 PH 2:

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	ACCESS,	236 East 6th Avenue. Tallahassee, Florida 32303 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
	·	WALK IN
	PICE	K UP: 7/26
]	CERTIFIED COPY	
]	РНОТОСОРУ	
ב	CUS	GS
Z	'FILING	admendment
	Logistical Dispa	MENT#)
	(CORPORATE NAME AND DOCUM	MENT#)
	(CORPORATE NAME AND DOCUM	MENT#)
	(CORPORATE NAME AND DOCUM	MENT#)
	(CORPORATE NAME AND DOCUM	MENT #)
	(CORPORATE NAME AND DOCUM	MENT#)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Logistical Dispatch LLC		
(<u>Name of the Lim</u>	ited Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited	7 and assigned	
Florida document number L17000004158	·	
This amendment is submitted to amend the fol	lowing:	
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	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli		
(Principal office address MUST BE A STREE	ET ADDRESS)	
		<u> </u>
		2-5 <u>2-</u> 1.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	8	
Traumg dataress MAT BE ATOST OFFICE	<u> </u>	
R If amending the registered agent and	for registered office address of	
B. If amending the registered agent and registered agent and/or the new registered o	ffice address here:	ecords, enter the name of the new
Name of New Registered Agent:	N/A	
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

COVER LETTER

TO: Registration S Division of Co.					
SUBJECT: Logistical	Dispatch LLC				
3000ECT.		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Eric Lomzo				
Name of Person					
	Logistical Dispatch LLC				
		Firm/Company			
	11491 sw 236th lane				
		Address			
	Homestead, FL 33032				
		City/State and Zip Code			
	Erik.logisticaldisptach@gma				
	E-mail address: (to	o be used for future annual report notific	ration)		
For further information co	oncerning this matter, please ca	Al:			
Eric Lorenzo		813 965-8050 at ()	_		
Name of	f Person	at () Area Code Daytime 1	Celephone Number		
Enclosed is a check for th	e following amount:				
■ \$25.00 Fiting 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

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
MGR	Carlos Cabrera JR		
		19713 sw 133ct, Miami FL 33177	Remove
			Change
			Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			EDAdd &
		····	B Remove.
			Change
			
			Remove
			_ ☐ Change
			🗅 Add
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			Change

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Typed or printed name of signee

Filing Fee: \$25.00