117000052710

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700299040947

05/15/17--01023--005 **25.00

N. CAUSSEAUX DEC 28 2017.

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	S & P]	ted Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspor	ndence concerning this matter t	o the following:	
	<u> </u>	MS/OP/CY Name of Person	Mc Cardney
		Firm/Company	HC LLC 4-905
	<u> 20533</u>	BISCALANC Address	B/W Ste 4905
	A	City/State and Zip*Code	- 33140
	E-mail address: (t	o be used for future annual re	port notification)
For further information co	neerning this matter, please ca	A1:	
Christoph Name of	MCCartre	at (<u>786)</u> Area Code	Daytime Telephone Number
Enclosed is a check for the		ady pard	
\$25.00 Filing Fee	☐ \$30.00 Fiting 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)
MAILL	NG ADDRESS:	STRFET/6	COURIER 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



2017 BES 25 AM W: 51

FLORIDA DEPARTMENT OF STATE

May 16, 2017

CHRISTOPHER MCCARTNEY 17625NW 37TH CT MIAMI GARDENS, FL 33055

SUBJECT: S & P LOGISTICS LLC Ref. Number: L17000052710

We have received your document for S & P LOGISTICS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Already Pard

Letter Number: 717A00009771

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

(Name of the Limited Liability Compar (A Florida Limited L	Al Sil Co Li C Avas it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 11700053710	were filed on 370017 and assigned 3
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ustics LLC
The new name must be distinguishable and contain the words *Limited Liabilite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	20533 Brocayne Blud Sto 4-905 Aventura, FL 33180
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	30533 Biscayre Blud Ste 4-905 Avartura, FL 33180
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address: 2053	Stopher Mc Cartney BB Baseaux Blud Enter Florida streel address AVCHINA Florida 33450
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

N

Thereby 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

Title <u>Name</u> <u>Address</u> Type of Action Christopher Mc Carline 20533 Biscaye Blud ste 4-905 Aventura, FL 33180 ☐ Remove □ Change Ste 4-905 Christopher McCurry Aventura, FL 32480 □ Remove ☐ Change Cornella Malace 20533 Bischijne Blud Aventurg FL 33180 ☐ Remove ☐ Change Ste 4-905 □ Add Correlia Mallace MOR 20533 Bissaine Blid Aventuro, FL 33150 ☐ Remove Change □ Ckang □ Remove ☐ Change

	, ,		_				.		
_									_
_			·	_					
_									
_									<u> </u>
_									Vicinity in the second
		**						DEC	
_				·				26	
_		man e e u						7	— 智慧 - 温·
_					 			္ဟ္ ယ	
_	 .							-	<u> </u>
_									
	.						_ _ .		_
_				- :					-
_	·								_
_		·	·						_
_									
(If an effe Note: 1	ve date, if other ective date is listed If the date insert ent's effective da	, the date must be ed in this block	specific and c does not me	annot be prior et the applic	able statutory	g or more than 9 filing require	(optiona 0 days after filin ments, this dat	ig.) Pursuant to ϵ	505.0207 (isted as tl
the reco	ord specifies 90th day afte	a delayed ef er the record	fective da is filed.	te, but no	t an effect	ive time, al	: 12:01 a.m	. on the ear	lier of:
Dated _	12	19/17	·		2 hr	A 1	nes.		
		Sign	rature of a me	mber or autho	frized represen	tative of a men	ber		

Page 3 of 3

Filing Fee: \$25.00