

L170000053415

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000342867 3)))



H180003428673ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MMXVII CONSULTING LLC
Account Number : I20170000085
Phone : (954)736-7418
Fax Number : (786)916-3913

FILED
18 DEC -3 AM 8:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: **MMXVIICONSULTING@GMAIL.COM**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LV LOGISTICS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

DEC 4 2018
A LUNT

2018 DEC -3 PM 1:30

COVER LETTER

(((H18000342867 3)))

TO: Registration Section
Division of Corporations

SUBJECT: **LV 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:

IAN PERCHIK, CPA

Name of Person

MMXVII CONSULTING LLC

Firm/Company

2625 WESTON ROAD - SUITE D

Address

WESTON, FLORIDA 33331

City/State and Zip Code

MMXVIICONSULTING@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IAN PERCHIK, CPA

Name of Person

at (**954**)

Area Code

736-7418

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

(((H18000342867 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(((H18000342867 3)))

LV 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 03/03/2017 and assigned
Florida document number L17000053415.

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)

2625 WESTON ROAD - SUITE D
WESTON, FLORIDA 33331

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2625 WESTON ROAD - SUITE D
WESTON, FLORIDA 33331

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:

MMXVII CONSULTING LLC

New Registered Office Address:

2625 WESTON ROAD - SUITE D

Enter Florida street address

WESTON

City

Florida

33331

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:

(((H18000342867 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CLERICI, CECILIA I	2625 WESTON ROAD - SUITE D	<input type="checkbox"/> Add
		WESTON, FLORIDA 33331	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GENOUD, IGNACIO D	2625 WESTON ROAD - SUITE D	<input type="checkbox"/> Add
		WESTON, FLORIDA 33331	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(((H18000342867 3)))

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

(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 35 U.S.C. 102(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.

2018

Signature of a member or authorized representative of a member

CECILIA INES CLERICI

Typed or printed name of signee

(((H18000342867 3)))