## 117000060576

/Po	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SHANKASSEE, FLORIDA

## **COVER LETTER**

то:	Registration Se Division of Cor			
SUBJE	NGD LOGI	STICS LLC		
SUBJE		Name of Lim	nited Liability Company	<del></del>
		Amendment and fee(s) are sub	<del>-</del>	
		DOMINICK FIUMARA		
			Name of Person	
		NGD LOGISTICS LLC		
		····	Firm/Company	······
		1920 E KALEY AVE		
			Address	
		ORLANDO, FL 32806		
			City/State and Zip Code	
		dfiumara87@gmail.com	to be used for future annual report notifi	
For furt	ther information c	oncerning this matter, please ca	-	(Catton)
DOMIN	IICK FIUMARA		407 7313783	
	Name o	f Person		Telephone Number
Enclose	ed is a check for the	ne following amount:		
<b>⊠</b> \$25	5.00 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

NGD LOGISTICS LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.  a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L17000060576	Company were filed on 3/16/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC"	or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD)	RESS)	ASSEE FI
Enter new mailing address, if applicable:		ORIGINA O
(Mailing address MAY BE A POST OFFICE BOX)		2
B. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	rida
<del></del>	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

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
OWNER	MAUREEN CARAVELLO	1920 E KALEY AVE	
		ORLANDO, FL 32806	Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			□ Change
			□ Remove
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			Change

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ective date, if other than th	e date of filing:	0/3/2017		(	optional)		
n effective date is listed, the date mu te: If the date inserted in this be cument's effective date on the I	ist be specific and can lock does not meet	the applicab	date of filing o	more than 90 day	s after filing.) P	ursuant to ill not be	605.02 listed
record specifies a delaye The 90th day after the re	d effective date cord is filed.	, but not	an effective	e time, at 12:	01 a.m. or	the ea	rlier
OCTOBER 3		017	. •				
	Carave	Λ					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00