

8/21/24 11:05 AM

Division of Corporations

L17000129390

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000280203 3))



H240002802033ABC

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To:

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

From:

Account Name : HAPPY TAX MULTI SERVICE LLC
Account Number : I20190000101
Phone : (305)904-7224
Fax Number : (305)513-5827

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE
DIVISIONS
CORPORATIONS

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

Email Address: HappyTaxMultiService@gmail.com

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

AUG 22 2024

H240002202030

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Segopal 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 6/13/2017 and assigned Florida document number L17000129390

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

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

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10. 18506176383
H24000220000

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

TitleNameAddressType of Action

MGR

Mateo Restrepo
Velasco

4610 NW 113th Ave

☒ Add

Sunrise, FL 33323

References

Change

Adel

_.Remove

Do change

☐ Add to

• Kanto

1-25-65

Noted

Remove

Change

..Achi

Remove

Change

✓ Add

Keywords

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DEED

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

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TALLAHASSEE, 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 e005 (020*) (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.

11. 1994

August 21 2024

Vid. L. 1850

Signature of a member or authorized representative of a member

Victor A Caicedo

Typed or printed name of signer