117000136923

Office Use Only



300301233323

07/13/17--01022--024 **25.00

17 JUL 13 AM (): 49

JUL 1 4 2017
Y SULKE.

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBIL	ECT: <u>FYC LOC</u>	SISTIC LLC	ethal	•		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company			
The en	iclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspor	dence concerning this matter	to the following:			
			FIDEL CUZA MELO Name of Person			
			rune or reson			
			16gh			
			Firm Company			
			7311 LOS PADRES CT			
			Address			
			TAMPA FL 33634			
			City/State and Zip Code			
			fyclogisticllc@gmail.com			
			to be used for future annual report	notification)		
For fur	ther information co	ncerning this matter, please ca	all:			
		•				
FID	EL CUZA MELO		at (<u>813</u>) 410-5531		
	Name of	Person	Area Code	Daytime Telephone Nu	ımber	
Enclos	ed is a check for the	e following amount:				
		-	□ 056 00 P11 p 0.	□ 6 20.00 EU		
JOL 32	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
			(additional copy is enclosed)			
				(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

(Name of the Limited I	FYC LOGISTIC Liability Compan Florida Limited L	CLLC iy as it now appears on iability Company)	our records.)	
The Articles of Organization for this Limited Liabi	lity Company v 	were filed on <u>06/2</u>	3/2017	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		ty Company," the design		17 Ju
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		7311 LOS PADE	RES CT TAMP	E F ST
B. If amending the registered agent and/or registered agent and/or the new registered office			records, enter	the name of the new
Name of New Registered Agent:	FIDEL CUZA	MELO		
New Registered Office Address:	7311 LOS PA	ADRES CT Enter Florida s	treet address	
-		TAMPA City	, Florida	33634 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I 'nereby 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, Stenature 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>	Name	Address	Type of Actio
AR	YAITE TAMAYO VELASCO	7311 LOS PADRES CT TAMPA FL 33634	
			Remove
DESCIDENT	FIREL CUZA MELO	7244 LOS DADDES OT TAMBA EL 20004	Change
FRESIDENT	FIDEL CUZA MELO	7311 LOS PADRES CT TAMPA FL 33634	,≱5 ,Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add Add
		TA SEE	2 Co
		LÖRID	S → Change
		3.3	Remove
			Change
			□ Add
			☐ Remove
			☐ Change

								 -
	,					· · · · · · · · · · · · · · · · · · ·		
							· · · · · · · · · · · · · · · · · · ·	
-	<u></u>							
			* *************************************	<u></u> _		<u> </u>		
_			· · · · · · · · · · · · · · · · · · ·					_
_		· · · · · · · · · · · · · · · · · · ·						
						· · · · · · · · · · · · · · · · · · ·	T.	
		·		·			Ser.	7 30
							ASSI	
							ئر مد ان کس	R m
							LORI ORI	
*******			···	<u> </u>			— · · · · ·	p —
							·	
				_				<u></u>
an effect ote: If	e date, if other the date is listed, the fithe date inserted in the date in the date of th	date must be speci in this block does	ific and cannot he not meet the a	applicable stat	of filing or more utory filing re	than 90 days afte	ional) r filing.) Pursua s date will not	nt to 605.020 be listed as
	ord specifies a c 90th day after t	lelayed effect he record is f	ive date, bu iled.	ut not an ef	fective tim	e, at 12:01 :	a.m. on the	earlier of
e reco The 9				,	2017	·		
e reco The 9 ated	JULY 10 th		-					
The 9	JULY 10 th			25		a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00