## L17000151877

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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## **COVER LETTER**

TO: Registration : Division of Co					
	OGISTICS LLC				
SUBJECT:	Name of Lim	ited Liability Company	<del></del>		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
		VANESSA TORRES			
		Name of Person	<del></del>		
	ALL AMERICAN PERMITS LLC  Firm/Company				
5721 NW 74TH AVE					
		Address			
		MIAMI FL 33166			
	<del></del>	City/State and Zip Code			
	•	LAMERICANPERMITS.COM			
		to be used for future annual report notif	ication) ·		
For further information	concerning this matter, please concerning	all:		<b>^</b> .	
VANES	SA TORRES	305 501-4791			
Name	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for	the following amount:			Ċ	
□ \$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)		
Regi	LING ADDRESS: stration Section sion of Corporations	STREET/COURI Registration Section Division of Corpora	n		

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELEOS LOGIST	ICS LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears	on our records.)	
(A riotida Elitinea i	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on	07/17/2017	and assigned
lorida document number L17000151877			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the des	signation "LLC" or the ab	breviation "L.1C."
Enter new principal offices address, if applicable:	HELIANTA CALZADILLA		
Principal office address MUST BE A STREET ADDRESS)	7050 SW 158TH	СТ	
	MIAMI FL 33193		
Enter new mailing address, if applicable:	7050 SW 158TH	СТ	
Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33193		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter</u>	the name of the
Name of New Registered Agent:			
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
- <del></del>	Enter Florid	da street address	3
		, 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

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>	<u>Address</u>	Type of Action
MGR	CRUZ YSIDRO LOPEZ GUZMA <b>N</b>	7050 SW 158TH CT	<b>=</b> Add
		MIAMI FL 33193	Remove
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fective date, if other than in effective date is listed, the date of the lift the date inserted in this cument's effective date on the	must be specific : s block does no	and cannot be price of meet the appli	r to date of filing o	r more than 90 days ling requirements	after filing.) Pursua	int to 605,020 of be listed a
record specifies a dela The 90th day after the r	yed effective record is file	e date, but n d.	ot an effective	e time, at 12:	01 a.m. on the	e earlierjo
08/29 ated		2017				
			Calzad	Ma		

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Typed or printed name of signee

Filing Fee: \$25.00