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COVER LETTER

CHD IDAT.	Arcan Logi:	seties LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	f Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Cesar A Rivera		
			Name of Person	
		Arean Logistics LLC		
			Firm/Company	
		8566 NW 72 Street		
			Address	
		Miami FL 33166		
	Name of Limited Liability Company sed Articles of Amendment and feets) are submitted for tiling. urn all correspondence concerning this matter to the following: Cesar A Rivera Name of Person Arcan Logistics LLC Firm/Company 8566 NW 72 Street Address Miami FL 33166 City/State and Zip Code mahechak@gmail.com E-mail address: (to be used for future annual report notification) or information concerning this matter, please call: Rivera Name of Person at (255) Area Code Daytime Telephone Number			
			to be used for future annual report n	iotification)
For further in	nformation co	oncerning this matter, please ca	all:	
Cesar A Riv	ета		at (3-5)2826	nc.
	Name of	f Person	Area Code Day	time Telephone Number
Enclosed is	check for th	ne following amount:		
⊟ \$25,00 F	iling Fec		Certified Copy	Certificate of Status & Certified Copy

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

Arean Logisctics LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 08/04/2017	and assigned
Florida document number 1.17000166928	·	
This amendment is submitted to amend the following	3	
A. If amending name, enter the new name of the l	imited liability company here:	
Arean Logistics LLC		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" o	or the abbreviation "L.I."
The new name must be distinguishable and contain the words "l Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD		SEG -
(Principal office address MUST BE A STREET AD	DRESS)	1 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		38
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flore	ida
	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:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			Change
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			Change I
			□ Remové
			☐ Change
 			□ Add
			Remove
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			☐ Remove
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<u>. </u>			Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,	,	
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E. Effective date, if other than the date of filing:	Pursuant to 60 will not be lis	05.0207 (3)(t sted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the 90th day after the record is filed.	on the ear	lier of:
Dated <u>CE/16/17</u>		
Signature: of a member of authorized representative of a member Cossile A. Pivella. Typed or printed name of signee		

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Filing Fee: \$25.00