# L17000170364

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

3/24/2021

NAME: AROMASS LOGISTICS SERVICES, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

# COVER LETTER

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CHD IFC		LOGISTICS SERVICES, LL	.C	
SUBJEC	1.	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		Jonathan Leder		
		-	Name of Person	
		Nautilus Legal Services Pa	A	
			Firm/Company	
		150 SE 2nd Ave Suite PH-	-]	
			Address	· · · · · · · · · · · · · · · · · · ·
		Miami FL 33131		
	Division of Corporations  AROMASS LOGISTICS SERVICES, LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  see return all correspondence concerning this matter to the following:    Jonathan Leder			
		E-mail address: (	to be used for future annual report not	ification)
For furthe	er information c	oncerning this matter, please c	all:	
Jonathan	Leder			
	Name o	f Person		ne Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.0	00 Filing Fee	<del>_</del>	Certified Copy	Certificate of Status &
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F	P.O. Box 632	7	The Centre of	Γallahassee
-	Fallahassee - F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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gnation "LLC" or the abbreviation "L.L.C."
<b>;</b>
2017 and assigned
on our records.)

w Registered Agent's Signature, it changing Registered Agent:

icreby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany 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
MGR	Pierina Isabella Arocha Massi	150 SE 2nd Avenue Sutie PH-1	<b>=</b> Add
		Miami FL 33131	□Remove
			□Change
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			□Change
	<del></del>		□Add
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ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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te:	ive date, if other than the date of filing:  [cetive 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 605.0207 (3).  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
ecor is fi	rd 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 led.
ted	March 21 2021
	Signature of a member or authorized representative of a member
	Rafael Simon Arocha