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2019 FEB 11 PM 1:05

CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

C. GOLDEN

FEB 16 2019

# COVER LETTER

Registration Section  
Division of Corporations

ZIPX PROJECTS, LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS A. PINOCHET

\_\_\_\_\_  
Name of Person

ECOMMERCE LOGISTICS, LLC

\_\_\_\_\_  
Firm/Company

200 LESLIE DR. APT. 521

\_\_\_\_\_  
Address

HALLANDALE / FL 33009

\_\_\_\_\_  
City/State and Zip Code

accounting@zipxprojects.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS A. PINOCHET

954

732-1181

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

\$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)

## 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**

**FILED**

2019 FEB 11 PM 1:05

ZIPX PROJECTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

CLERK OF STATE  
TALLAHASSEE, FL

Articles of Organization for this Limited Liability Company were filed on 09/05/2017 and assigned  
Florida document number L17000188305.

This amendment is submitted to amend the following:

**If amending name, enter the new name of the limited liability company here:**

COMMERCE LOGISTICS, LLC

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

200 LESLIE DR. APT. 521

**Principal office address MUST BE A STREET ADDRESS**

HALLANDALE, FL 33009

**Enter new mailing address, if applicable:**

200 LESLIE DR. APT. 521

**Mailing address MAY BE A POST OFFICE BOX**

HALLANDALE, FL 33009

**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:

200 LESLIE DR. APT. 521

*Enter Florida street address*

HALLANDALE

, Florida 33009

*City*

*Zip Code*

**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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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**

recommending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:

GR = Manager

IBR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Effective Date:** 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.

ed FEBRUARY 06th, 2019

representative of a member

Signature of a member or authorized representative of a member

LUIS A. PINOCHET

Typed or printed name of signee