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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: South Gold Logistics	CLC
Name of Limited Liability Com	any
The enclosed Articles of Amendment and fee(s) are submitted for filing.	1
Please return all correspondence concerning this matter to the following:	
Natalie	Abadi
Name of Po	
Weinkle Areco	
	H SUIR # 209
Addres	2
Miami Becich	7 FL 35160
E-mail address: (to be used for futi	re annual report notification)
For further information concerning this matter, please call:	20
Natalie Abadi mi3	OS 161 - 4249 Code Daytime Telephone Number
Name of Person Area	Code Dayunic Telephone Tumber
Englosed is a check for the following amount:	
Certificate of Status Certifie	a se secullata
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32314	Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Good	,	ristics	s LLC			
(Name of the Limited Liability C (A Florida Lin	ompany as	t now appears on o y Company)	ur records.)		_	
The Articles of Organization for this Limited Liability Com	ipany were	filed on <u>OA</u>	1191201	and	assigne	:d
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited	d liability	company here:				
The new name must be distinguishable and contain the words "Limited	d Liability C	ompany." the designa	ntion "LLC" or the ab	breviation	ı"L.L.C.	,
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE.	(SS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-					-
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office ess here:	address on ou	r records, <u>enter</u>	the na	ime of	the new
Name of New Registered Agent:					<u>~</u>	1
New Registered Office Address:		Enter Florida	street address Florida		- Ti	# # # # # # # # # # # # # # # # # # #
New Registered Agent's Signature, if changing Registered	Agent:	City		Yip	Colle	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree omplete pe	gormance of my vided for in Cha	npter 605, F.S. O	r, if this	docun	nent is
	IF Changi	g Registered Agen	t, Signature of New	Registere	d Agent	
	Page 1	 of 3 				

MGR = Ma AMBR = Au	anager ithorized Member					
<u>Title</u>	<u>Name</u>	<u>Address</u>			Type of Action	Ī
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amending any other information, enter change(s) her	
	2019
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If an effective date is listed, the date must be specific and cannot be particle. If the date inserted in this block does not meet the approximent's effective date on the Department of State's recomble record specifies a delayed effective date, but	(optional) ribr to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (plicable statutory filing requirements, this date will not be listed as t rds. not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.	
Dated December 28 201	
/ // /	
Signature of a membe/or a	aptilotized representative of a member
- ,	printed name of signee
Typed or s	′′′