

L17000199725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

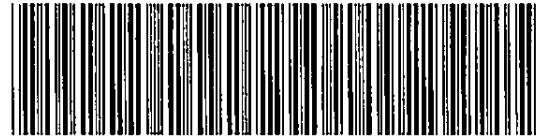
(Business Entity Name)

(Document Number)

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17 OCT -2 AM 7:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 03 2017

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOLRAC LOGISTICS LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

CARLOS VILAN

Name of Person

SOLRAC LOGISTICS LLC

Firm/Company

25128 SW 124 CT

Address

HOMESTEAD, FL 33032

City/State and Zip Code

4GLOBALCORP@GMAIL.COM

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

For further information concerning this matter, please call:

CARLOS VILAN

786 348-5988
at ()

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SOLRAC LOGISTICS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/26/17 and assigned
Florida document number L17000199325.

This amendment is submitted to amend the following:

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

The 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:

(Principal office address MUST BE A STREET ADDRESS)

25128 SW 124 CT

HOMESTEAD, FL 33032

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

25128 SW 124 CT

HOMESTEAD, FL 33032

B. 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:

CARLOS VILAN

New Registered Office Address:

25128 SW 124 CT

Enter Florida street address

HOMESTEAD

City

Florida

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 OCT -2 AM 7:09
2017

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>	<u>Type of Action</u>
MGR	CARLOS VILAN HERNANDEZ	10915 W OKEECHOBEE RD UNIT	<input type="checkbox"/> Add
		HALEAH GARDENS, FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS VILAN	25128 SW 124 CT	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FL 33032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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17 OCT -2 AM 7:03
SECRETARY OF STATE
TAL AHASSE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 OCT -2 AM 7:08

(If an effective 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)(b)

(b) The 90th day after the record is filed.

Dated SEPTEMBER 27 2017

Carl K. Hays

Signature of a member or authorized representative of a member

CARLOS VILAN

Typed or printed name of signee