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# **COVER LETTER**

TO: Registration So Division of Co				
SUBJECT:	Division of Corporations  All in one locistics Conjuges 1-40			
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Amarc Allin 6 7250 W	ne logistic 3rd Ave	nso S Servic	res C
	All in one E-mail address: (1)	City/State and Zip Code  +Yans Dor+ 20 o be used for futdre annual report notif	33014 17@Gmail	.CoM
For further information of	concerning this matter, please ca	111:		
JHGJHGJKHGKKK Name o	Amaray Am	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	S30.00 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

A lin one local (Name of the Limited Liability Congress)	gistics	( ) — ( ) —	es_L	
(A Florida Limited	pany as it now appear I Liability Company)	1 1		
The Articles of Organization for this Limited Liability Compan Florida document number 1700 22.3	y were filed on (	01/10/18	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company he	ere:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the d	esignation "LLC" or the	abbreviation "L.L.	C."
Enter new principal offices address, if applicable:				_Q
(Principal office address MUST BE A STREET ADDRESS)			18	38
(Trinelyal Office address 1705 F 1727 F 5 1 1135 F 1735 F			AUG	<u> </u>
			22	유통구
				COX CY OL
Enter new mailing address, if applicable:		·· <del>·</del>	<u></u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	<u> </u>
			<u> </u>	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		our records, <u>ente</u>	r the name o	of the new
Name of New Registered Agent:				
New Registered Office Address:	4.			
	Enter Flor	rida street address		
		, Florida _		
	City	<del></del> -	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>			

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

M Až	GR = Man MBR = Autl	ager iorized Men	ıber			Λ
	<u>tle</u>	Name		Address		Type of Action
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. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Effective date, if other than the date of filing:  (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.) Pur Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	suant to 60 not be lis	5.0207 (3) ted as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	the earl	ier of:
Dated AUG 20 . 2018.		
Signature of a member or authorized representative of a member		
Typed or printel name of signee	<del></del>	

Page 3 of 3

Filing Fee: \$25.00