

L17000231291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

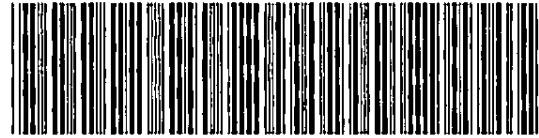
(Document Number)

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CLERK OF COURT
STATE OF FLORIDA

S. WARREN

DEC 26 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2017

DIEGO SZKLARKIERVICZ **2ND MAILING**
10451 NW 117 AVE, SUITE 125
MEDLEY, FL 33178

SUBJECT: TRANSAMERICA LOGISTIC GROUP LLC
Ref. Number: L17000231291

We have received your document for TRANSAMERICA LOGISTIC GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 617A00023533



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2017

DIEGO SZKLARKIERVICZ
10451 NW 117 AVE, SUITE 125
MEDLEY, FL 33178

SUBJECT: TRANSAMERICA LOGISTIC GROUP LLC
Ref. Number: L17000231291

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Stacey M Warren
Regulatory Specialist II

Letter Number: 617A00023533

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANSAMERICA LOGISTIC GROUP 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:

DIEGO SZKLARKIERVICZ

Name of Person

TRANSAMERICA LOGISTIC GROUP LLC

Firm/Company

10451 NW 117 AVE, STE 125

Address

MEDLEY FL 33178

City/State and Zip Code

KARIME.HERNANDEZ@AMERICANGB.COM

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

For further information concerning this matter, please call:

DIEGO SZKLARKIERVICZ

786

253-0735

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**

TRANSAMERICA LOGISTIC GROUP 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 11/08/2017 and assigned
Florida document number LI7000231291.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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

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DEC 22 2017
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
JANORRA

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>
MMGR	HORACIO SZKLARKIERVICZ	840 SW 29 PL, APT 105	<input checked="" type="checkbox"/> Add
		MIAMI FL 33184	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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ADD
REMOVE
CHANGE

II. If amending any other information, enter change(s) here? (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: 11/10/2017 (optional)

(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)

Note: 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.

If the record 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 record is filed.

Dated NOVEMBER 10

2417

Signature of a member or authorized representative of a member

DIEGO SZKLARKIEWICZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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NEW YORK STATE
CLERK OF COURT
JULIA A. ROBERTS, CLERK
JULIA A. ROBERTS, CLERK