

L17000233690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400312036784

04/20/18--01027--012 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 APR 20 PM 2:49

N COOPER

APR 23 2018

Prepared by and return to:
Richard L Barbara, Esq.
Attorney at Law
Coral Gables Title & Escrow, LLC
224 Palermo Ave
Coral Gables, FL 33134
305-400-8802
File Number: CG18-081F

----ABOVE SPACE FOR RECORDING INFORMATION ONLY ----

DISCLAIMER OF INTEREST

THIS DISCLAIMER OF INTEREST IN LOGISTIC & WIRELESS CERTIFICATION LLC, a Florida limited liability company (the "Company") is made as of this 18 day of April, 2018, by HUASCAR NAIROBE READ (the "Disclaimant"), whose address is 2702 QUANTUM LAKES DR., BOYNTON BEACH FL 33426, as follows:

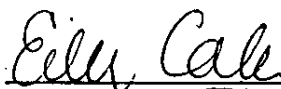
WITNESSETH:

1. Disclaimant does hereby release, remise, and forever disclaim, any and all right, title and interest in and to any membership interest in the Company.
2. Disclaimant further warrants and represents that Disclaimant never had, possessed, owned or was otherwise seized in the membership of the Company.

IN WITNESS WHEREOF, the Disclaimant has executed this Disclaimer as of the date first above written.

Witnesses:

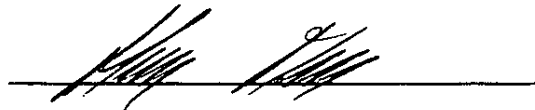
HUASCAR NAIROBE READ



Print Name: Eileen Cala



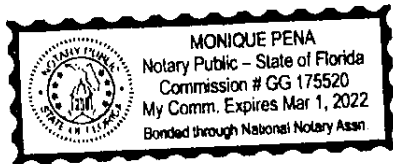
Print Name: Monique Pena



State of Florida
County of Miami-Dade

The foregoing instrument was acknowledged before me this 18 day of April, 2018 by HUASCAR NAIROBE READ, who ☐ is personally known or ☒ has produced a driver's license as identification.

[Notary Seal]



Monique Pena
Notary Public

Printed Name: _____

My Commission Expires: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LOGISTIC & WIRELESS CERTIFICATION 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:

BRAULIO I PENA

Name of Person

Firm/Company

5955 nw 105th ct apt 302

Address

Doral, FL 33178

City/State and Zip Code

BRAULIO0002@GMAIL.COM

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

For further information concerning this matter, please call:

BRAULIO I PENA

305 910 3396

Name of Person

at (_____)_____
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**

LOGISTIC & WIRELESS CERTIFICATION 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 11/13/2017 and assigned
Florida document number L17000233690.

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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 APR 20 PM 2:49

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

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>
PRES	PENA, BRAULIO I	5955 NW 105TH CT	<input type="checkbox"/> Add
		APT. 302	<input checked="" type="checkbox"/> Remove
		DORAL, FL 33178	<input type="checkbox"/> Change
AMBR	PENA, BRAULIO I	5955 NW 105TH CT	<input checked="" type="checkbox"/> Add
		APT. 302	<input type="checkbox"/> Remove
		DORAL, FL 33178	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 APR 20 PM 2:49

E. Effective date, if other than the date of filing: _____ (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 April 18, 2018

Signature of a member or authorized representative

Braunilo I. Pena

Typed or printed name of signee