

L17000257001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

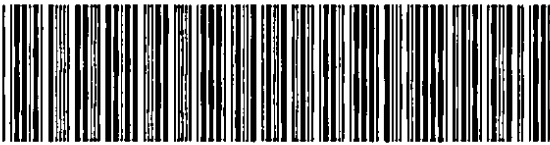
(Business Entity Name)

(Document Number)

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JAN 15 2020  
S. YOUNG

# COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: MUGEN LOGISTICS, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ANTHONY WARE  
Name of Person

MUGEN LOGISTICS, LLC  
Firm/Company

6407 EAST MACLAURIN DR  
Address

TAMPA, FL 33647  
City/State and Zip Code

TONY.WARE@AWARELOGISTICS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY WARE at (914) 645-3380  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$5.00 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MUGEN 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 12/18/2017 and assigned  
Florida document number L17000257001.

This amendment is submitted to amend the following:

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:

6407 EAST MACLAURIN DR

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33647

Enter new mailing address, if applicable:

6407 EAST MACLAURIN DR

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33647

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:

ANTHONY WARE

New Registered Office Address:

6407 EAST MACLAURIN DR

Enter Florida street address

TAMPA

City

, Florida 33647

Zip Code

Registered Agent's Signature, if changing Registered Agent:

*I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:

GR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	JUAN M SESE	8735 NW 102 CT	<input type="checkbox"/> Add
		DORAL FLORIDA 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	ANTHONY WARE	6407 EAST MACLAURIN DR	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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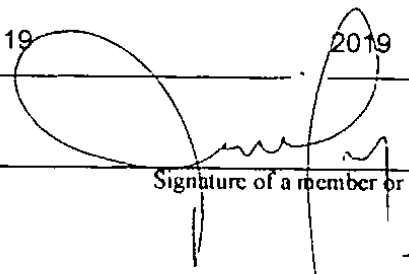
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Effective date, if other than the date of filing: 11/18/2019 (optional)  
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
Note: If the 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:  
the 90th day after the record is filed.

Effective date: NOVEMBER 19 2019



\_\_\_\_\_  
Signature of a member or authorized representative of a member

JUAN SESE  
\_\_\_\_\_  
Typed or printed name of signee