## 11800000 5456

(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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Office Use Only



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DEC 11 2018



November 26, 2018

JUAN ALVARDO 16820 NW 79 PLACE MIAMI LAKES, FL 33015

SUBJECT: FALCON LOGISTIC SERVICES LLC

Ref. Number: L18000005456

We have received your document for FALCON LOGISTIC SERVICES 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 registered agent must sign accepting the designation.

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.

Letter Number: 618A00024024

Octavia L Simmons Regulatory Specialist III

2015 553 1-0

## **COVER LETTER**

	Division of Corp			
SUBJEC		OGISTIC SERVICES LLC		
aonanc	·	Name of Lim	iited Liability Company	
	•			
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um ail correspor	idence concerning this matter	to the following:	
		JUAN JOSE ALVARADO	)	
			Name of Person	
		PRESIDENT	Name of Limited Liability Company  It and fee(s) are submitted for filing.  In and fee(s) are submitted for filing.  In and fee(s) are submitted for filing.  In and fee(s) are submitted for filing.  It is matter to the following:  It is matter to the following:  It is matter and Zip Code  It is matter, please call:  It is matter annual report notification  It is matter, please call:  It is matter, please call:  It is matter annual report notification  It is matter, please call:  It is matter annual report notification  It is matter, please call:  It is matter annual report notification  It is matter annual report n	
			Firm/Company	······································
		16820 NW 79 PLACE		
			Address	
		MIAMI LAKES, FL, 3301	5	
		dispatch@allinonelogistics		u- , .
		E-mail address: (	to be used for future annual report notific	cation)
For further	er information co	ncerning this matter, please ca	all:	
JUAN JO	SE ALVARAD	0		
	Name of	Person	Area Code Daytime	Felephone Number
Hnclosed	is a check for the	e following amount:		
₩ \$25.0	9 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

FALCON LOGISTIC SERVICES		
(Name of the Lin	nited Clability Company as It now and (A Florida Limited Liability Compar	lears on our records.)
The Articles of Organization for this Limited		31 October 2018 and assigned
Fiorida document number L18000005456	<del></del> .	
This amendment is submitted to amend the fo	llowing:	
.  If amending name, <u>enter the new name</u>	of the limited liability company	<u>' here</u> ;
he new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "LLC"
·		دُنَّ عَلَىٰ
inter new principal offices address, if appl		
Principal office address MUST BE A STRE	ET ADDRESS)	<u></u>
Enter new mailing address, if applicable:		<del></del>
<u>Mailing address MAY BE A POST OFFICI</u>	S BOX)	5
	•	
3. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:		on our records, enter the name of the
New Registered Office Address:	16820 NW 79 PLACE	
New Registered Office Address.	Enter )	Florida street address
	MIAMI LAKES	, Florida <sup>33015</sup>
	City	Ziv 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 Skinntike 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>	Address	Type of Action
P	JUAN JOSE ALVARADO	16820 NW 79 PLACE, MIAMI LAKES, FL, 33015	
			B Aug
			C Remove
			Change
<u>P</u>	Osvaldo Batista	13611 SW 1815+ Migmi, FL 33177	
		MIGMI, FL 331'f7	Remove
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ofer in the case miseried in	an the date of filing:  the must be specific and cannot be this block does not meet the a the Department of State's re-	ipplicable statutory	(optic gor more than 90 days after filing requirements, this	onal) filing.) Pursuant to 605.02 date will not be listed
record specifies a de The 90th day after th	layed effective date, bue record is filed.	t not an effecti	ve time, at 12:01 a	.m. on the earller
ated 31 OCTOBER	, 2018	DAF		
	Signature of a member or	authorized represent	alive of a member	

Page 3 of 3

Filing Fee: \$25.00