

118 000015289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

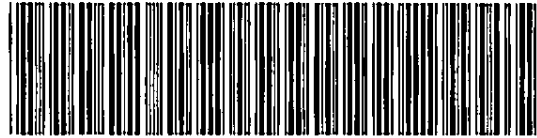
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DIVISION OF CORPORATIONS  
MAIL ROOM  
SEP 14 2020

2020 SEP 14 PM 6:02

FILED

SEP 15 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

11/01/2016

August 26, 2020

PEDRO ANTONIO RODRIGUEZ LOPEZ  
GLOPEDA IMPORTS LLC  
6531 PELICAN TERRACE  
COCONUT CREEK, FL 33073

SUBJECT: GLOPEDA IMPORTS LLLC  
Ref. Number: L18000015289

We have received your document for GLOPEDA IMPORTS LLLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 320A00016389

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GLOPEDA IMPORTS LLLC

\_\_\_\_\_  
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:

Pedro Antonio Rodriguez Lopez

\_\_\_\_\_  
Name of Person

Glopeda Imports LLC

\_\_\_\_\_  
Firm/Company

6531 Pelican Terrace

\_\_\_\_\_  
Address

Coconut Creek Florida

\_\_\_\_\_  
City/State and Zip Code

pedrorl2005@yahoo.com

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

For further information concerning this matter, please call:

Pedro Rodriguez

954  
at ( )

7063777

\_\_\_\_\_  
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 Address:**

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

**RECEIVED**

JUL 14 2020

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

GLOPEDA IMPORTS LLLC

(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 01/17/2018

Florida document number L18000015289

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

GLOPEDA SERVICES LLC

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)**

N/A

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

**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:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

N/A

**Florida**

N/A

*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**

FILED  
2018 SEP 19 PM 6:02  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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

I am requiring a change of activity for this LLC. wich did not have any commercial acitvity since it was opened.

We are going to start operating as a delivery and small transportation service owner/operator provider.

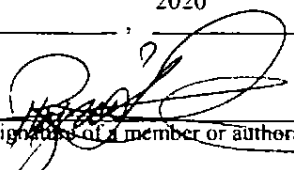
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 JULY 07, 2020

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

Pedro Antonio Rodriguez Lopez  
\_\_\_\_\_  
Typed or printed name of signee