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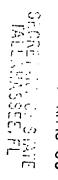
(Requestor's Name)
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Special Instructions to Filing Officer:





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COVER LETTER

TO:	Registration Se Division of Cor							
eun urz	C2C Logistics, LLC							
SUBJEC	UI:	Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are subr	nitted for filing.					
Please re	turn all correspo	ndence concerning this matter t	to the following:					
		Ruben Nunez						
			Name of Person					
		C2C Logistics, LLC						
Firm/Company 12001 SW 128th Ct., Suite 105								
		Miami, FL 33186						
		 	City/State and Zip Code	 _				
		ruben@nunez305.com						
		E-mail address: (t	o be used for future annual report noti	fication)				
For furth	ner information c	oncerning this matter, please ca	ill:					
Ruben N	Nunez		786 326-9285 at ()					
	Name o	f Person	Area Code Daytim	e Telephone Number				
Enclosed	d is a check for th	ne following amount:		,				
2 - \$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 ARTICLES OF ORGANIZATION OF 2019 JAN - 7 AM 10: 55 (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) TO

C2C Logistics, LLC

			SEE. FL
The Articles of Organization for this Limited L	Liability Company were fil	ed on <u>03/09/2018</u>	and assigned
Florida document number L18000063092	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability con	npany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	any." the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
		_	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		dress on our record	ls, enter the name of the ne
,		· -	
New Registered Office Address:		Enter Florida street addre	ss
		, F	lorida
	City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete perforn istered agent as provided registered office address	nance of my duties, a d for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
	s change.		-

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Eduardo V Del Rio	12001 SW 128th Ct., Suite 105	_□ Add
		Miami, FL 33186	- Damana
			Change
MGR	Jose M Perez De Corcho	12001 SW 128th Ct., Suite 105	
		Miami, Fl. 33186	■ Remove
			Change
			Add
			Remove
			Change
		<u> </u>	Add
			Remove
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			☐ Remove
			Change
			🗅 Add
			Remove
			Change

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	10/31/3010
(If an effective Note: If the	te, if other than the date of filing: 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) date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
Dated _	1/02/ 7.1. M
_	Signature of a member or authorized representative of a member
	Roben Nunez
_	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00