

12/26/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H18000363879 3)))



H180003638793ABCC

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LIGHTNING ENTERPRISES LOGISTICS LLC

Certificate of Status	0
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T. CLINE

JAN 17 2019

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

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FAX COVER SHEET

TO	SUNBIZ LLC
COMPANY	FL DEPT OF STATE - DIVISION OF CORPORATIONS
FAX NUMBER	18506176383
FROM	Mike Natarus
DATE	2019-01-16 21:51:29 GMT
RE	LIGHTNING ENTERPRISES LOGISTIC LLC -
AMENDMENT	

COVER MESSAGE

LIGHTNING ENTERPRISES LOGISTIC LLC - AMENDMENT - URGENT!!

2019 JAN 16 AM 8:54
L. B.



January 16, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LIGHTNING ENTERPRISES LOGISTICS LLC
9128 GRANT LINE LANE
RIVERVIEW, FL 33578US

SUBJECT: LIGHTNING ENTERPRISES LOGISTICS LLC
REF: L18000077103

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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) 245-6939.

Agnes Lunt
Regulatory Specialist III

FAX Aud. #: H18000363879
Letter Number: 519A00001208

2019 JAN 16 AM 8:54
FAXED
7:10:10 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIGHTNING ENTERPRISES 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 MARCH 26TH, 2018 and assigned
Florida document number L18000077103

This amendment is submitted to amend the following:

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

SNS FREIGHT LOGISTICS 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)

6115 HARTFORD ST

TAMPA, FL 33619

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6115 HARTFORD ST

TAMPA, FL 33619

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:

MOREL, STEPHANIE

New Registered Office Address:

6115 HARTFORD ST

Enter Florida street address

TAMPA

City

Florida 33619

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.

Stephanie Morel
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>
MGR	MOREL, STEPHANIE	9128 GRANT LINE LANE	<input type="checkbox"/> Add
		RIVERVIEW, FL 33578	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MOREL, STEPHANIE	6115 HARTFORD ST	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33619	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LANDIVAR, SALVADOR	6115 HARTFORD ST	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33619	<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.)

2019 JAN 18 AM 8:54
COMMISSIONER OF SOCIAL SERVICES

F. 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 **DECEMBER 21ST**

2014

Signature of a member or authorized representative of a member

STEPHANIE MOREL DE LANDIVAR

Typed or printed name of signee