## 118000078419

Office Use Only



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## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor					
STID TEA	PACIFIC L	OGISTICS LLC				
SUBJECT:  Name of Limited Liability Company						
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		ANTONIO REGOJO				
		AVENIDA LEGAL LLC	Name of Person			
		12550 BISCAYNE BLVD	Firm/Company STE 110			
		MIAMI, FL 33181	Address	<del></del>		
		info@avenidalegal.com	City/State and Zip Code	<del></del>		
For first	per information c	E-mail address: (oncerning this matter, please ea	to be used for future annual report n	otification)		
	NO REGOJO	oncerning this matter, prease of	305 814-8299			
Name of Person			at () Area Code Dayı	ime Telephone Number		
Enclosed	d is a check for th	ne following amount:				
		□ \$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)		
	Registr Dīvisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 rassee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive	orations		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PACIFIC LOGISTICS LLC

company has been notified in writing of this change.

(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 03/27/2018	and assigned
Florida document number L18000078419		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
DISPATCH LOGISTICS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
Enter new mailing address, if applicable:		···
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
regiotered agent and or the new regiotered office address see	= <b>*</b>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address	
	, Flo	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	<i>74</i> 6
		., , , , , , , , , , , , , , , , , , ,
I hereby accept the appointment as registered agent and agro provisions of all statutes relative to the proper and complete		
accept the obligations of my position as registered agent as t	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 tha	t the limited liability

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>	Address	Type of Action
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			□ Change
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Signature of a member or authorized representative of a member		Signature of	a member or author	nzed representati	ve of a member			
IUAN CAMILO VALLE REINA, MANAGER	JUAN CAMILO V	ALLE REINA, N	/ANAGER					

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Filing Fee: \$25.00