## L18000084718

(Requestor's Name)
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## **COVER LETTER**

	egistration Se ivision of Cor				
		tics Brokerage, LLC Change of	f Address		
SUBJECT	; <u></u>	Name of Lim	ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	rn all correspo	indence concerning this matter	to the following:		
		Ricardo Mancebo			
			Name of Person	<del>-</del> -	
		R&D Mancebo Consulting	g. LLC		
Firm/Company					
5258 NW 110 Avenue					
			Address		of Status & opy
		Coral Springs, Florida 330	76		
			City/State and Zip Code		
		rickmancebo@gmail.com			322 (
For further	information c	n-mail address: ( oncerning this matter, please c	to be used for future annual re all:	род по(псаноп)	)(12
Dorothy M		- ,	954 540-	1204	
-	Name o	f Person	at () Area Code	Daytime Telephone Number	12: 32
Enclosed is	s a check for th	he following amount:			
<b>■</b> \$25.00	) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	S60,00 Filing Fed Certificate of Sta Sed) Certified Copy (additional copy is e	atus &
	lailing Addres		Street Ado		
	egistration ! Division of C	Section Torporations		ion Section of Corporations	
P	.O. Box 632	27	The Cent	tre of Tallahassee	
1	allahassee.	FL 32314	2415 N.	Monroe Street, Suite 810 🥏	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Core Logistics Brokerage, 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  $\frac{04-03-2018}{1}$ Florida document number L18000084718 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 3301 N. University Drive, Suite #425 Enter new principal offices address, if applicable: Coral Springs, FL (Principal office address MUST BE A STREET ADDRESS) 33065 3301 N. University Drive, Suite #425 Enter new mailing address, if applicable: Coral Springs, FL (Mailing address MAY BE A POST OFFICE BOX) 33065 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: New Registered Office Address: Enter Florida street address \_. Florida \_\_

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 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
			□Add
			□Remove
			Change
			□Add
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an effec	e date, if other than the date of filing:
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 I.
record d is filed	
record d is filed	

Filing Fee: \$25.00