## 118000 111964

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dashiess Linky Harris)
(Document Number)
(Execument Number)
Control Control
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
i

Office Use Only



000314565360

98/20/18--01007--014 \*\*25.55

SECRETARY OF STATE DIVISION OF CORFORATION

N COOPER JUN 2 0 2018

## **COVER LETTER**

то:	Registration Se Division of Cor					
Support Staff Solutions USA SUBJECT:  Name of Limited Liability Company						
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		Mark Chaves				
			Name of Person	<del></del>		
		Marcum LLP				
			Firm/Company			
		1000 Brickell Avenue, Sui	te 100			
			Address			
		Miami Florida 33131				
			City/State and Zip Code			
		gerencia@logisticahumana.	com to be used for future annual report notif	ication)		
For furt	her information co	oncerning this matter, please ca				
Mark Chaves			305 798 9728			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclose	d is a check for th	e following amount:				
<b>■ \$2</b> 5	.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:

TO:

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 TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on our re Liability Company)	ecords.)	<del></del>	
The Articles of Organization for this Limited Liab	ility Company	were filed on May 3, 2018		and assig	gned
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liab	ility company here:			
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation	"LLC" or the abbrev	iation "L.L.	.C."
Enter new principal offices address, if applicable:		1000 Brickell Avenue, Su	ite 100		
Principal office address MUST BE A STREET A		Miami Florida 33131		18	DIY.S
					SICR SICR
Enter new mailing address, if applicable:		1000 Brickell Avenue, Su	ite 100	120 P	NOT TO
(Mailing address MAY BE A POST OFFICE BOX)		Miami Florida 33131		=== :ಬ	Çg.
					다음 (5년
3. If amending the registered agent and/or egistered agent and/or the new registered office  Name of New Registered Agent:			cords, <u>enter the</u>	name o	f the
	1000 Peigleal 3	Avenue, Suite 100			
New Registered Office Address:	TOUC DETERMITE	Enter Florida street a	ddress		
	Miami	Florida			
-		City	i wina	ip 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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
<u></u>			Add
			□ Remove
			Change
			Remove
			Change
<del></del>			Add
			Remove
			Change

-	<del></del>		_
_	<del></del>		_
_			_
_			_
			_
-			_
-			-
-			_
-			_
_			- <u>-</u> 2
_		18 	V1316
		JUN 20	문문 동원
_			- 38 - 38 - 38 - 38 - 38 - 38 - 38 - 38
-		ှာ န သ	_(8) ± .
-		<u></u>	-85 -85 -85
-			-
-			<u>.</u>
-			_
Effect If an eff	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs	want to 60	)5.0207
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will tent's effective date on the Department of State's records.	not be lis	sted as
	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on t 90th day after the record is filed.	he earl	lier of
Dated	June 18		
	1 x		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00