# L18000116148

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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09/14/18--01025--021 \*\*25.80



## **COVER LETTER**

TO: Registration Section Division of Corpora	
SUBJECT: Mau	Name of Limited Liability Company
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
-	Henry Mederos Name of Person
	Maury & Henry Logistics LLC
-	5034 East 9 ct.
-	Hialeah Florida 33013 City/State and Zip Code
-	henry mph y si que a gmail. com E-mail address: no be used for future annual report notification)
For further information conce	erning this matter, please call:
Heury Name of Per	me de ros at (786) 830 84 / 1  Area Code Daytime Telephone Number
Enclosed is a check for the fo	oflowing amount:
2 \$25.00 Filing Fee C	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)  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 TO ARTICLES OF ORGANIZATION OF

Marry & Her		
_	bility Company were filed on	and assigned
lorida document number <u>L 180 000 //6</u>	148	4
his amendment is submitted to amend the follow	ving:	88 F./
. If amending name, enter the new name of t	he limited liability company here:	the abbreviation Q.L.C."
he new name must be distinguishable and contain the wor	ds "Limited Liability Company." the designation "LLC" or	the abbreviation (P.L.C."
inter new principal offices address, if applicat	ble:	ಲ್ಲಿ <b>ಕ</b>
Principal office address MUST BE A STREET	ADDRESS) 5034 East 9 Hialeah Fl	e7 ·
-	Hialesh Fl	3013
inter new mailing address, if applicable:	5034 East 6	ef:
Mailing address MAY BE A POST OFFICE B	ox) 5034 East 9 Hialeal Fl	330/3
If amending the registered agent and/or	registered office address on our records, e	
egistered agent and/or the new registered offic	ce address here:	
egistered agent and/or the new registered office	ce address here:	
egistered agent and/or the new registered office	ce address here:	
egistered agent and/or the new registered offic		22.112

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, 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
AMBR	Irina Ramos	12840 SW 43 # # 180	
		Miami F1 33175	Z Remove
		<del>-</del>	Change
AMBR	Mauricio Suarez	7155 west 2 m/n Hialeah F1 33	🖸 Add
		Hialeah F1 331	014 Premove
			Change
			Remove
			<b>☆</b> □ Change
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fective	e date, if other than the date of filing: 09/13/30/8 (optional) tive 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 605.02
ote: If	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cumen	nt's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ( 90th day after the record is filed.
nted	September 12 2018
	Signature of a member or authorized representative of a member  Henry Mederos
	4/lm
	Signature ht a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00