

L18000117193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

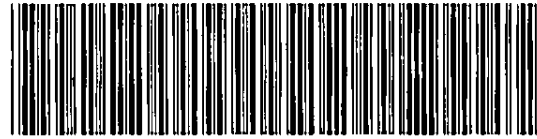
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 NOV 15 PM 2:33

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BL VORISEK

NOV 16 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOGISTICPRO LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anitha francois s

Name of Person

LOGISTICPRO LLC

Firm/Company

6730 sw 10th st

Address

north Lauderdale, florida, 33068

City/State and Zip Code

anithasaintil1978@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anitha Francois s

954

7734030

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2018

ANITHA S. FRANCOIS
LOGISTICPRO, LLC
6142 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33024

SUBJECT: LOGISTICPRO LLC.
Ref. Number: L18000117193

We have received your document for LOGISTICPRO LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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 (805) 245-6000.

Brenda L Vorisek
Director

Letter Number: 618A00023029

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LOGISTICPRO 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 05/10/2018

Florida document number L18000117193

FILED
18 NOV 15 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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."

Enter new principal offices address, if applicable:

6730 sw 10th st north Lauderdale 33068

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

6730 SW 10TH ST

(Mailing address MAY BE A POST OFFICE BOX)

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:

Anitha Francois s

New Registered Office Address:

6730 SW 10TH ST

Enter Florida street address

NORTH LAUDERDALE

Florida 33068

City

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.


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	Alincy, Elanne s	6730 sw 10th st north Lauderdale FL 33068	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	BAPTISTE, HERONE JEAN	7311 SW 8TH ST N. LAUDERDALE, FL 33068	<input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(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.

Dated _____.

Another Source S.

Signature of a member or authorized representative of a member

Anitha Francois s

Typed or printed name of signee