## 118000 162767

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
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## **COVER LETTER**

TO:	Registration Sectorial Division of Corporate C			
CUDIE	_	PHIN LOGISTICS LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	<del></del>
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		ROLANDO MARTINEZ		
			Name of Person	
ROYAL CARRIER SERVICE LLC				
Firm/Company				
		7392 NW 35TH TERRAC	CE SUITE 305	
			Address	<del></del>
		MIAMI, FL. 33122		
			City/State and Zip Code	
		SAFETY@ROYALCARR		
		E-mail address: (	to be used for future annual report notifi	ication)
For furtl	ner information cor	ncerning this matter, please ca	all:	
ROLAN	NDO MARTINEZ		305 222-7115	
<u>-</u>	Name of I	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for the	following amount:		
\$25.	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

BUDE DOTAHIN COQIZINGS FFC		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our reco Limited Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Co	ompany were filed on 06/05/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		,,,, .,,,
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		70 9 S P
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		rds, enter the name of the nev
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:	Enter Florida street addr	ress
	1	Clorida
<del></del>	City	Florida Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

NAME AND DESCRIPTION OF A

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
MBR	ARMANDO MONTESDEOCA		
		555 N Palm St Clewiston, FL 33440	■ Remove
			☐ Change
<del></del>			
			☐ Remove
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ffective date, if other than the date an effective date is listed, the date must be stote: If the date inserted in this block document's effective date on the Department.	loes not meet the appl	icable statutory fili	(option ore than 90 days after ng requirements, this	onal) filing.) Pursuant to 605.0207 s date will not be listed as
e record specifies a delayed eff The 90th day after the record	is filed.	not an effective	time, at 12:01 a	a.m. on the earlier o
ated September 05	2019	·		
Sign	M.Z			
Sign	ature of a member or au	thorized representativ	e of a member	
			,	

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Filing Fee: \$25.00