

11/1/2018

Division of Corporations

# L18000173368

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H180003156273))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : TAXLEAF.COM INC  
Account Number : I20140000084  
Phone : (305)541-3980  
Fax Number : (888)772-8108

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
STC LOGISTICS LLC

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EXAMINER

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Electronic Filing Menu

Corporate Filing Menu

Help

(((H18000315627 3)))  
ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

STC LOGISTICS 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 7/18/2018 and assigned Florida document number L18000173368.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

2719 Hollywood Blvd Ste 242

**(Principal office address MUST BE A STREET ADDRESS)**

Hollywood, FL 33020

**Enter new mailing address, if applicable:**

2719 Hollywood Blvd Ste 242

**(Mailing address MAY BE A POST OFFICE BOX)**

Hollywood, FL 33020

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RECORDS & REGISTRATION  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter 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*

*City*

**Florida**

*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**

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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>
AMBR	TORRES VELASCO, EDILMER ALFONZO	2719 Hollywood Blvd Ste 242 Hollywood, FL 33020	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	TORRES VELASCO, EDILMER ALFONZO	101 CRANIXON BOULEVARD APT 175 KEY BISCAVNE, FL 33149	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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