L18000182585

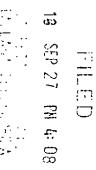
(R	Requestor's Name)	
(A	Address)	
(A	Address)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MA	IL
(B	Business Entity Name)	
(D	Ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
CUDIE	ZIP LOGIS			
SUBJE	СТ:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		SENEN GARCIA		
			Name of Person	<u> </u>
		LAW OFFICES OF SENI	EN GARICA. P.A	
			Firm/Company	
		2665 S. BAYSHORE DRI	VE. STE 220	
			Address	
		COCONUT GROVE, FL	33133	
			City/State and Zip Code	
		receptionist@sgarcialaw.co		<u> </u>
15 et			to be used for future annual report noti	ncation)
For Turti	ner information c	oncerning this matter, please c	aii:	
MICHE	ELE ROSS		954 6626496 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for th	ne 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)
	Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURI Registration Section Division of Corpor	อก

Clifton Building

2661 Executive Center Circle

Tallahassee, Ft. 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZIP LOGISTICS LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	<u> </u>
he Articles of Organization for this Limited Liability C	ompany were filed on 7/30/2018	and assigned
lorida document number L18000182585		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limi	ted liability company here:	
		古
e new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	or the abbreviation J.L.C."
nter new principal offices address, if applicable:		
<u>rincipal office address MUST BE A STREET ADDR</u>	(ESS)	<u></u>
		· · · · · · · · · · · · · · · · · · ·
		. 08
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX		
If amending the registered agent and/or regist gistered agent and/or the new registered office add		enter the name of the n
gistered agent and/or the new registered office addi	ress nere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	CHARLES ROSS	8611 NORTHWEST 72ND STREET	
		MIAMI FL 33166	
			☐ Remove
			Change
MGRM PETER ROSS	PETER ROSS	8611 NORTHWEST 72ND STREET	Add
		MIAMI FL 33166	≣ Remove
MGRM	VICENT THAKUR	8611 NORTHWEST 72ND STREET	□ Change
		MIAMI FL 33166	Remove
			Ghange
			☐ Change
			Remove
			Change
			Add
			☐ Remove
			☐ Change

-	
	<u>.</u>
	<u> </u>
137 1414	
	P P P P P P P P P P P P P P
	ψ .
fective date, if other than the date of filing:	(optional)
fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applica	to date of filing or more than 90 days after filing.) Pursuant to 605.02 able statutory filing requirements, this date will not be listed
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not	an affactive time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	an enective time, at 12.01 a.m. on the earner
, SEPTEMBER 24 2018	
ated	<u> </u>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00