

L18000 201144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**TO: Registration Section
Division of Corporations**

SUBJECT: R & S LOGISTICS SOLUTION 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:

GINA ROCHA

Name of Person

AB AL SERVICES

Firm/Company

1100 WEST 29TH STREET STE C

Address

HIALEAH, FLORIDA 33012

City/State and Zip Code

AB1100@YAHOO.COM

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

For further information concerning this matter, please call:

GINA ROCHA

305 882-1238
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

R & S LOGISTICS SOLUTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2018 12 17 9:40

The Articles of Organization for this Limited Liability Company were filed on 8/22/2018 and assigned
Florida document number L18000201144.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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: SANDY POMPA SANCHEZ

New Registered Office Address: 2842 NW 3RD PL

Enter Florida street address

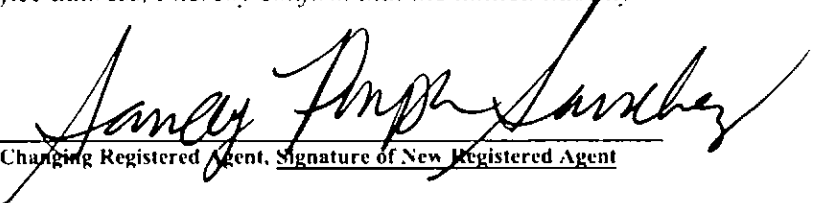
CAPE CORAL Florida 33993

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	RODOLFO RODRIGUEZ TERAN	1106 NE 6TH PL	<input type="checkbox"/> Add
		CAPE CORAL, FL 33909	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	SANDY POMPA SANCHEZ	2842 NW 3RD PL	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL 33993	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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4/24/20

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 4/13/2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00