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SICRE IAR CITY STATE
DIVISION OF CORTS AND IN

OCT 01 2018

COVER LETTER

TO: Registration Sec Division of Corp	ction porations		
	OGISTICS LLC		
SUBJECT:	Name of Limi	ted Liability Company	
	Amendment and fee(s) are subr		
Please return all correspo	ndence concerning this matter t	to the following:	
	CESAR A DIAZ		
		Name of Person	<u> </u>
		Firm/Company	
	17151 NW 7TH AVE EXT		
		Address	
	MIAMI GARDENS, FL 33	3169	
	blondycargolle@gmail.com		
	E-mail address: (to be used for future annual report notific	ration)
For further information of	oncerning this matter, please ca	all:	
Cesar A Diaz		786 828-0713	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)
	iability Company were filed o	n 09/25/2018 and assigned
lorida document number L18000227105	·	
In 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: 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: Enter Florida street address Enter Florida street address		
. If amending name, <u>enter the new name o</u>	f the limited liability compa	ny here:
ne new name must be distinguishable and contain the v	vords "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applic	cable:	
Enter new principal offices address, it applicable: (Principal office address MUST BE A STREET ADDRESS)		
		29
nter new mailing address, if applicable:		<u> </u>
_	(ROX)	
raining audress military 1999, 11. 001 01. 1		
I. If amending the registered agent and egistered agent and/or the new registered of	l/or registered office addre office address here:	ss on our records, <u>enter the name of th</u>
Name of New Registered Agent:	CESAR A DIAZ	
New Registered Office Address:	355 NW 171ST ST SUITE.	5
THE TELESCOPE OF THE PARTY OF T	Ent	er Florida street address
	MIAMI	, Florida 33169
	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>	Type of Action
MGR	CARLOS A DIAZ	355 NW 171ST ST SUITE 5 MIAMI FL 33169	
			■ Remove
			☐ Change
MGR	CESAR A DIAZ	355 NW 171ST ST SUITE 5	 Add
		MIAMI, FL 33169	□ Remove
			Change
			□ Remove
			Change
			Remove
			Change
			□ Remove
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			Remove
			Change

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Stration data if other than the	date of filing				_ (optional)		
ffective date, if other than the an effective date is listed, the date mu	st be specific and o	cannot be prior to	o date of filing	or more than 90 d	ays after filing.) I	ursuant to	605.02 listed
lote: If the date inserted in this bocument's effective date on the D	epartment of St	ate's records.	ole statutory	ming requireme	ints, this date w	iii iiot oc	IISICO
e record specifies a delaye The 90th day after the rec	d effective da ord is filed.	ate, but not	an effectiv	ve time, at 1	2:01 a.m. o	n the ea	arlier
SEPTEMBER 27		2018					
uica							

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Typed or printed name of signee

Filing Fee: \$25.00