# L19000008006

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone i	#)
PICK-UP	☐ WAIT	MAIL
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C. GOLDEN FEB - 9 2019

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Lightning Fast Logistics 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:
Ronald Nordelo Name of Person
Lightning Fast Logistics LLC Firm/Company
1144 NE 10th Ave
City/State and Zip Code  reproduction for future annual report notification)
For further information concerning this matter, please call:
Rongly Nordelo at (786) 510-1252  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & Certificate of Status}  \text{\$\subseteq \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}}  \text{\$\subseteq \text{\$\$\$\$\$ \$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**

FILED

9

Lightning Fast Log	istics LLC. 2019 FEB -4 AMII: 1
Lightning Fast Loa Name of the Umited Liability Compan (A Florida Limited L	y as it now appears on our records.) iability Company)
(Name of the Limited Liability Company (A Florida Limited Liability Company)	were filed on SMbiz. Org A and assigned
Florida document number <u>L1900008006</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12161 NE Hwy 315
Principal office address MUST BE A STREET ADDRESS)	12161 NE Hwy 715 Fort McCoy, FL 32134
Enter new mailing address, if applicable:	12161 NE Hwy 315 Fort Mc Coy, FL
Mailing address MAY BE A POST OFFICE BOX)	
	32134
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	Ronald Nordelu
New Registered Office Address:	Ronald Nordelu  12161 NE Hwy 315  Enter Florida street address
For	+ McCoy Florida 32134  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 or re-noved from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ronald Nordelo	12161 NE HWY 315/3213 NONE	Add Add
		NONE	Remove
			Change
<del></del>		<del></del>	DAdd
		<del></del>	Remove
			Change
			□ Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			Change
<del>-                                    </del>			[] Add
			Remove
			□ Add _□ Remove
			Change

f amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
	<del></del>
<del></del> -	
If an effective Note: If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Ronald Novdelo  Typed or printed name of signee

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Filing Fee: \$25.00