L19000010335

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100336022761

10/31/13--01039--019 **25.00

FILED

2019 OCT 31 AM ID: 40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER 109 2 7 2019

:1

COVER LETTER

Div	ision of Corp	oorations		*		
SUBJECT:	-	r Ventures, LLC				
50201.			ted Liability Company			
The enclosed	l Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please return	all correspor	ndence concerning this matter t	to the following:			
		Marco de la Cal				
			Name of Person			
		Florida Sugar Ventures, LL	.C			
			Firm/Company	& S60.00 Filing Fee, Certificate of Status &		
		1313 Ponce de Leon Blvd.,	#200			
			Address			
		Coral Gables, Florida 3313	4			
		marco@delacalpa.com	City/State and Zip Code			
		- ·	to be used for future annual report not	ification)		
For further in	nformation co	oncerning this matter, please ca	all:			
Marco de la	Cal		305 444-3800 at ()			
	Name of	Person	Area Code Daytir	ne Telephone Number		
Enclosed is	a check for th	e following amount:				
\$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section

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

Florida Sugar Ventures, LLC					
(<u>Name of the Limit</u>	ed Liability Compa (A Florida Limited)	ny as it now appears on our records liability Company)	<u>r)</u>		
The Articles of Organization for this Limited Li	iability Company	were filed on January 8, 2019	and assigned		
Florida document number L19000010335	· · · · · · · · · · · · · · · · · · ·				
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company here:			
Florida Sunstar Logistics, LLC					
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."		
Enter new principal offices address, if applic	able:	1313 Ponce de Leon Blvd., #20	00		
(Principal office address MUST BE A STREET ADDRESS)		Coral Gables, FL 33134			
			·······································		
Enter new mailing address, if applicable:		1313 Ponce de Leon Blvd., #20	. <u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)		Coral Gables, FL 33134	ARE CO		
•			## ± = = = = = = = = = = = = = = = = = =		
B. If amending the registered agent and					
registered agent and/or the new registered of	<u>mce address her</u>	<u>e</u> :			
Name of New Registered Agent:		•	10 10 10 10 10 10 10 10		
Name of New Registered Agent.					
New Registered Office Address:	1313 Ponce de	Leon Blvd., #200 Enter Florida street addres.	<u></u>		
	C1 C-1-1				
	Coral Gables	, Flo	orida 33134 Zin 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> Fitle</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			☐ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change

D. If amending any other information	tion, enter change(s) h	ere: (Attach additio	nal sheets, if nece:	ssary.)
				-
				
				
	1.0			
	<u></u>			
			<u> </u>	
				
		.		
		<u> </u>	<u></u>	
-	-	· <u>·</u> .		
E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bloocument's effective date on the Di	it be specific and cannot be p ock does not meet the app	rior to date of filing or m plicable statutory filing	ore than 90 days after grequirements, this	filing.) Pursuant to 605.0207 (3)
f the record specifies a delayed b) The 90th day after the rec	d effective date, but ord is filed.	not an effective t	ime, at 12:01 a	.m. on the earlier of:
Dated October 29	. 2019			
like	Signature of a member or a	uthorized representative	of a member	
Mark Jackson, Manager				
		rinted name of signee		

Page 3 of 3

Filing Fee: \$25.00