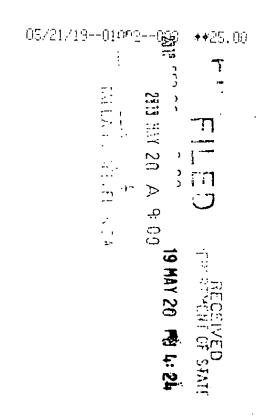
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:

P.O. Box 6327 Tallahassee, FL 32314

то:	Registration Se Division of Cor		· 👂		
SUBJE	ct: Linds	R LDGISTICS L Name of Lim	L C	<u></u>	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	indence concerning this matter	to the following:		
		Samuellino	Name of Person		
		Linner Logi	STICS LLC Firm/Company		
		_	Ho c + AP+ A Address	2813	-TI
		North Lande	City/State and Zip Code	20 A 9	
		Somual impor E-mail address: (be dised for future annual report notifi	ication)	•
For fur	ther information c	oncerning this matter, please ca	all:		
<u>Su</u>	Mame o	R f Person	at (<u>954</u>) <u>882 - <u>8</u> Area Code Daytime</u>	3 28 Telephone Number	
Enclose	ed is a check for the	he following amount:		S t.	
© \$2:	5.00 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: ration Section on of Corporations	STREET/COURII Registration Section Division of Corpora	ı	

Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LINDOR LOGISTICS	5 446	
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company))
The Articles of Organization for this Limited Li	ability Company were filed on 1-29-2019	and assigned
Florida document number <u>L19000038130</u>	<u> 2</u> .	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	-:7
(Principal office address MUST BE A STREE	T ADDRESS)	
		2 2 11
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE	<u></u>	- O
	•	
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our records, fice address here:	enter the name of the new
Name of New Registered Agent:	Stephanie Linder	
New Registered Office Address:	7811 SW 10th C+ AP+ A Enter Florida street address	
	North Laudordale, Flor	
	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>	Name	Address	Type of Action
SL	Stephanie Lindor	7811 Sw John Ct APTA	
		North Landelage; FL	(IF Remove
		33063	Change
SL	Samuel lindor	7811 3W 10th C+ AP+A	DE Add
		North Landadone FL	□ Remove
		33068	~□ Change
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ective date, if other than the date of filing:	(opt	ional)		
effective date is listed, the date must be specific and cannot be prior to date of filing the control of the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	or more than 90 days after filing requirements, th	r filing.) I is date w	Pursuant to t rill not be li	505.020 isted as
record specifies a delayed effective date, but not an effective for the record is filed.	ve time, at 12:01	a.m. o	n the ear	rlier o
ed 5-20-2019				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00