1190000 70195

(Requestor's Name)	
(Address)	600361065
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	03/03/2101042
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	: 7
Special Instructions to Filing Officer:	
	11/12/10/

Office Use Only



696

026 **55.00

JUN 1 1 2021 I ALBRITTON

COVER LETTER

TO:

Registration Section

Division of C	orporations		
	4AIN LOGISTICS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	MARIE SAINT GERMAI	N	
		Name of Person	
	STGERMAIN LOGISTIC	CS ,LLC	Daytime Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
		Firm/Company	
	1990 NORTHEAST 163 S	STREET, SUITE 241	
	······································	Address	-
	NORTH MIAMI BEACH	, FLORIDA 33162	
		City/State and Zip Code	
	STGERMAINLOGISTICS	-	
	E-mail address: (to be used for future annual report not	tification)
For further information	concerning this matter, please c	all:	
MARIE SAINT GERM	MAIN	786 525-1526 at ()	
Name	of Person	Area Code Daytin	ne 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)	Certificate of Status & Certified Copy
<u>Mailing Addr</u> Registration		Street Address: Registration Sc	ection
~	Corporations	-	
P.O. Box 63	327	The Centre of	Taflahassee
Tallahassee	, FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

Consection of the contract of



REDEPTED

2021 JUH - 1 AH 10: 54

FLORIDA DEPARTMENT OF STATE Division of Corporations

TALLEY KIES WITE

May 16, 2021

MARIE STGERMAIN 1990 NORTHEAST 163 STREET STE. 227 NORTH MIAMI BEACH, FL 33162

SUBJECT: STGERMAIN LOGISTICS, LLC

Ref. Number: L19000070195

We have received your document for STGERMAIN LOGISTICS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Presently it is unclear as to what changes you wish to make in filing this form as it's for changing the registered agent name and location. Please resubmit an Amendment to make all the necessary changes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 621A00010268

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STGERMAIN LOGISTICS, LLC

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

	(1111)			
The Articles of Organization for this Limited Li Florida document number L19000070195		were filed on 03/12	2/2019	rand assigned
This amendment is submitted to amend the follo	owing:			•
A. If amending name, <u>enter the new name of</u>	the limited liab	ility company hero	<u>:</u>	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the desi	ignation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1990 NORTHEAST 163 STREET, SUITE 241		
		NORTH MIAMI BEACH, FLORIDA 33162		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>		ST 163 STREET. SU BEACH, FLORIDA	
B. If amending the registered agent and/or reagent and/or the new registered office addres		address on our rec	ords, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:	MARIE SAINT	GERMAIN		
New Registered Office Address:	1990 NORTHE	EAST 163 STREET.	SUITE 241	
		Enter Floride	a street address	
	NORTH MIAN		Florida <u></u>	3162
		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>	Address	Type of Action
MGR	MARIE SAINT GERMAIN	1990 NORTHEAST 163 STREET, SUITE 241	= Add
		NORTH MIAMI BEACH , FLORIDA 33162	□Remove
			□Change
MGR	FEDELINE PREDELUS	1990 NORTHEAST 163 STREET, SUITE 227	□ Add
		NORTH MIAMI BEACH , FLORIDA 33162	■ Remove
			□Change
			□Add
		 	🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			Remove
			□Change
	- -		🗆 Add
			□Remove
			□ Change

			
			
	_		
	·-		
		 	
	r to date of filing or more th	(optional) an 90 days after filing.) Pursuai	nt to 605.02
s not meet the applic	cable statutory filing req		
nt of State's records			
out not an effective t	ime, at 12:01 a.m. on the	earlier of (h). The 90th a	lav after th
		, carrier vii. (by The viii)	nay arres to
2021			
/ _	·		
1/			
	s not meet the applic nt of State's records	ific and cannot be prior to date of filing or more that is not meet the applicable statutory filing request of State's records. Out not an effective time, at 12:01 a.m. on the	ific and cannot be prior to date of filing or more than 90 days after filing.) Pursuants not meet the applicable statutory filing requirements, this date will not not of State's records. Out not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of the state of t

Typed or printed name of signee