L19000/22512

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
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COVER LETTER

Division of Co	rporations		
OCS TRA	NSPORTATION & LOGISTIC	IS LLC	
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Fabian O'Connor		
		Name of Person	
	OCS TRANSPORTATIO	N & LOGISTICS LLC	
		Pirm/Company	
	10417 BUTTERFLY WIN	GCT	
		Address	
	RIVERVIEW, FL 33578		
		City/State and Ztp Code	
	facco83@gmail.com	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	·	
Fabian O'Connor		813 403-3289	
Name o	d'Person	at () Area Code Daytime	Telephone Number
Pad sulpada de d			
Enclosed is a check for the		-	
□ \$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)
Registi	ING ADDRESS: ration Section	STREET/COURI Registration Section	า
Divisio	on of Corporations	Division of Corpora	ations

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OC'S TRANSPORTATION & LOGISTICS LLC

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as if now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company	were filed on <u>05/06/2019</u>	and assigned	
Florida document number 1.19000122512			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the new name must be distinguishable and co	ty Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u>\$</u> \$	
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		—————————————————————————————————————	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		er the name of the new	
	- * -		
New Registered Office Address:	Enter Florida street address		
	, Florida Zin Code		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and La rovided for in Chapter 605, F.S. G	m familiar with and Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Fabian O'Connor	10417 BUTTERFLY WING CT RIVERVIEW, FL 33578	
			□ Remove
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ctive date, if other than t effective date is listed, the date r	ne date of filing: nust be specific and cannot l	he prior to date of	filing or more than	(optional) 90 days after filing.) Pur	suant to 605.02
If the date inserted in this ment's effective date on the			itory filing requir	ements, this date will	not be listed :
ecord specifies a delay		out not an eff	ective time, a	t 12:01 a.m. on	the earlier
e 90th day after the r	ecora is filea.				
June 11 d	2019)			
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee