Division of Corporations



(((H210001706273)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : 120200000130 : (954)345-7888 : (786)713-1940 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BETHEL LOGISTICS LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

APR 29 2021

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Corporate Filing Menu

Help

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From: TAXLEAF, COM CONTADORMAIMLCOM

H21000170627 3 ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF

| BETHEL LOGISTICS LLC (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appears on our records.) | | | |
|--|--|---------------------|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number 1.19000139066 | and assigned | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | tity Company," the designation "LLC" or the ab | breviation "L.L.C." | | |
| | 3111 N UNIVERSITY DR STE 105 | | | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | CORAL SPRINGS, FL 33065 | | | |
| (Frincipal Office wastern 1969) | | 121 (F | | |
| Enter new mailing address, if applicable: | 3111 N UNIVERSITY DR STE 105 | 28 28 S | | |
| (Mailing address MAY BE A POST OFFICE BOX) | CORAL SPRINGS, FL 33065 | # <u>24</u> | | |
| | | 57 H | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | ffice address on our records, <u>enter</u> | the name of the new | | |
| Telescott agent and an analysis and an analysi | _ | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Enter Florida street address | | | |
| | Florido | | | |
| | , Florida | Zip Code | | |
| - | City | Zip Code | | |

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

Page 1 of 3

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

| Title | Name | Address | Type of Action |
|-------|------------------------|------------------------------|----------------|
| AMBR | KARENT J GARCES LEZAMA | 3111 N UNIVERSITY DR STE 105 | □ Add |
| | | CORAL SPRINGS, FL 33065 | Remove |
| | | | Change |
| AMBR | ANJHARA E GARCES | 3111 N UNIVERSITY DR STE 105 | □ Add |
| | | CORAL SPRINGS, FL 33065 | □ Remove |
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| (If an effective Note: If the | ate, if other than the date of date is listed, the date must be spe date inserted in this block do effective date on the Departm | citic and cannot be p es not meet the ap | plicable statute | ing or more than 9 ory filing require | (optional) I days after filing, ments, this date |) Pursuant to (will not be l | 505.0207 isted as | (3)(b) the |
| the record : b) The 90th | specifies a delayed effect on day after the record is | ctive date, but filed. | not an effe | ctive time, at | 12:01 a.m. | on the ear | rlier of | : |
| Dated | APRIL 28TH | . 2021 | | | | | | |
| _ | Classet | ire of a member or | nilhorized center | zarative of a mem | hu-r | | | |

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Typed or printed name of signee