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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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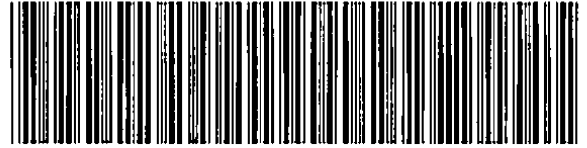
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

AUG 1 2019

7/23/2019

HTM Logistics  
5000 Victoria Park Dr Apt 5102  
Davenport, FL 33896

To Whom It May Concern:

This letter is pertaining to the required information that needs to be updated under section IV of the Articles of Organization for HTM Logistics. I, Tiffany Melendez am the current Authorized Person for HTM Logistics, however I would like to have my status updated from MGR to AMBR. Additionally, please add Ramon Melendez III as an AMBR.

If you have any questions or concerns, please call 863-301-1039 or 484-767-8067.

Thank you,

Tiffany Melendez  
5000 Victoria Park Dr Apt 5102  
Davenport, FL 33896  
863-301-1039

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HTM Logistics

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ramon Melendez

\_\_\_\_\_  
Name of Person

HTM Logistics

\_\_\_\_\_  
Firm/Company

5000 Victoria Park Dr Apt 5102

\_\_\_\_\_  
Address

Davenport, FL 33896

\_\_\_\_\_  
City/State and Zip Code

htmlogistics@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany Melendez

863

3011039

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

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**

**FILED**

HTM Logistics

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

**2019 JUN 29 PM 4:03**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on June 20th, 2019 signed  
Florida document number L19000162937.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Tiffany Melendez	5000 Victoria Park Dr Apt 5102 Davenport FL 33896	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Ramon Melendez	5000 Victoria Park Dr Apt 5102 Davenport FL 33896	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 23rd 2019

Typed or printed name of signee