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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Florida Logistics and Ompany, LLC 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:
Michael S. Tobin Name of Person
TObin + ASSOCIONES P.A.
10800 BIVOGYAL BIVA. SHE 700 Address
Migmi, FL33101 City/State and Zip Code M + 0 bin @ + 0 bin QWYLIS + COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael V Tobin at (305) 895-3225 Name of Person Area Code Daytime Telephone Number
Name of Cesson 100 and
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\$\$\$\$\$\$\$ S25.00 Filing Fee & Certificate of Status \$\Bigcup \text{\$\$\$\$\$ 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

The Florida Logistics and Data Company, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Now Registered Agent's Signature of changing Registered Agents	,	o Code
	, Florida	
.ten registered Office radices.	Enter Florida street address	address on our records, enter the name of the new Enter Florida street address
New Registered Office Address:	W 10 ≥ ∞ 6	
Name of New Registered Agent:	<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	re: m_	M &
D. If any adian the registered agent and/or registered of		
(Mailing address MAY BE A POST OFFICE BOX)		······································
Enter new mailing address, if applicable:	10 -	ंत_
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<u>-</u>
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abhavia	tion "L.L.C."
A. If amending name, enter the new name of the limited liab	and NOHA (DNO 2010)	110
This amendment is submitted to amend the following:	924	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 17000 2 52710</u> .	were filed on 10100711 a	and assigned
The Amildon of Committee Constitution I had a Link that Committee		

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
	NA		Add
			□ Remove
		 	Change
			□ Add
			C Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
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n effective d ote: If the	if other than the date of filing: 10/23/19 (optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tive date on the Department of State's records.	
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie by after the record is filed.	er o
חפ שטנה	CALL. 20 7019	
	Trom of goil	
ted	dlacand S 1	
ted	Signature of a member or authorized conresentative of a member	
ited	Signature of a member or authorized representative of a member MICHARL S. TOBIN, ESQ. Typed or printed name of signee AUTHORIZES REF	

Page 3 of 3

Filing Fee: \$25.00