

L20 0000 28594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

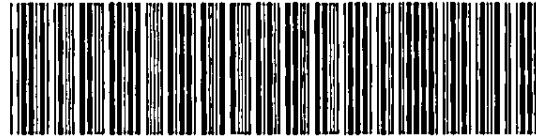
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MASSACHUSETTS

2020 JUN -5 AM 8:22

FILED

06/05/20--01007--010 **25.00

CM
6/25/20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LERIMIC LOGISTICS 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:

E. LEWIN

Name of Person

LERIMIC LOGISTICS LLC

Firm/Company

4911 NW 65TH AVENUE

Address

LAUDERHILL, FLORIDA 33319

City/State and Zip Code

lerimic7@gmail.com

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

For further information concerning this matter, please call:

E. LEWIN

813

570-2783

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

LERIMIC LOGISTICS LLC

2020 JUN -5 AM 8:22

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

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01-22-2020 and assigned
Florida document number L20000028594.

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>
MGR	MICHELLE DAVENPORT	1841 NW 24TH TERRACE	<input type="checkbox"/> Add
		FORT LAUDERDALE FLORIDA 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MONATERRA BETHEL	4911 NW 65TH AVENUE	<input type="checkbox"/> Add
		LAUDERHILL FLORIDA 33319	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	A. JEWELL	1303 E 127TH AVENUE	<input type="checkbox"/> Add
		TAMPA FLORIDA 33612	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	QUISHA FERGUSON	4911 NW 65TH AVENUE	<input checked="" type="checkbox"/> Add
		LAUDERHILL FLORIDA 33319	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

E. Lau
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00