Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE HC LLC

Account Number : I20200000165 Phone : (863)421-0617 Fax Number : (407)520-5473

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

Email Address: MOtal ()+()

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN U-TURN LOGISTICS,LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
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| Estimated Charge      |         |

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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |   |                     |                                  |            |  |
|--|--|---|---------------------|----------------------------------|------------|--|
| OLD IF CT                              | U-TUR  | N LOGISTICS,LLC   |                     |                                  |            |  |
| SUBJECT:                               | Name of Lim                                  | ited Liability Company  | ,                   |                                  |            |  |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filing.  |                     |                                  |            |  |
| Please return all correspo             | ondence concerning this matter               | to the following:   |                     |                                  |            |  |
|  |  | MARY ANN TORRES   |                     |                                  |            |  |
|  |  | Name of Person  |                     |                                  |            |  |
|  |  | U-TURN LOGISTICS,LLC  |                     |                                  |            |  |
|  | Fimv/Company                                 |   |                     |                                  |            |  |
|  | 39873 HIGHWAY 27 STE 303                     |   |                     |                                  |            |  |
|  | •  | Address   |                     |                                  |            |  |
|  |  | DAVENPORT, FL 33837   |                     | HAS<br>MEN                       | - JUL 1505 |  |
|  |  | City/State and Zip Code   |                     |                                  | 8          |  |
|  |  | utum.logistics@yahoo.com  |                     | نے '''<br>11 ہے۔                 | PΗ         |  |
|  | E-muit address: (                            | to be used for future annual report no                              | otification)        | 25<br>25<br>25<br>25<br>25<br>25 | 2: 10      |  |
| For further information of             | concerning this matter, please c             | all:  |                     | $\overline{S}$                   | 0          |  |
| MARY ANN TORRES                        |  | 407 S61 6406  |                     |                                  |            |  |
| Name o                                 | of Person                                    |   | me Telephone Number |                                  |            |  |
| Enclosed is a check for t              | he following amount:                         |   |                     |                                  |            |  |
| ■ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified           | te of Status                     |            |  |
| <u>Mailing Addre</u><br>Registration   |  | Street Address:<br>Registration S                                   | Section             |                                  |            |  |
| Division of C                          |  | Division of Corporations  |                     |                                  |            |  |
| P.O. Box 632                           | 27   | The Centre of   |                     |                                  |            |  |
| Tallahassee,                           | FL 32314                                     | 2415 N. Moni  | roe Street, Suite 8 | 10                               |            |  |

Tallahassec, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| U-TUI  | RN LOGISTICS,LLC                                     |                            |                       |
|--|--|----------------------------|-----------------------|
| (Name of the Limited Liability (A Florida Li   | Company as it now appears o mited Liability Company) | n our records.)            |                       |
| The Articles of Organization for this Limited Liability Con  | npany were filed on                                  | 01/31/2020                 | and assigned          |
| Florida document number L20000038312   |  |                            |                       |
| This amendment is submitted to amend the following:  |  |                            |                       |
| A. If amending name, enter the new name of the limited   | d liability company here                             | :                          |                       |
| The new name must be distinguishable and contain the words "Limited  | I Liability Company," the desig                      | gnation "LLC" or the abb   | previation "L.L.C."   |
| Enter new principal offices address, if applicable:  |  | - <del></del>              |                       |
| (Principal office address MUST BE A STREET ADDRES  | <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 o agent and/or the new registered office address here: | ffice address on our reco                            | rds, <u>enter the name</u> | of the new registered |
| Name of New Registered Agent:  |  |                            |                       |
| New Registered Office Address:   | · · · · · · · · · · · · · · · · · · ·                |                            |                       |
|  | Enter Florida  | street address             |                       |
| <del></del>  | City   | , Florida                  | Zip Code              |
|  | Chy  |                            | ыр Сове               |

## 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 fitle, 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  | ANGEL L MELENDEZ RIVERA | 119 BELLA DR        |                |
|       |                         | DAVENPORT, FL 33837 | □Remove        |
|       |                         |                     | ☐ Change       |
|       |                         |                     | ☐ Add          |
|       |                         |                     | Remove         |
|       |                         |                     | □Change        |
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| ffective date, if other than the an effective date is listed, the date mus- | date of filing:   | and he price to | adam of filing a | or more than Ot) | _ (optional    | )<br>a ) Pursuant t   | n 605 02        |
| inte: If the date inserted in this blo                                      | ick does not mee  | et the applicat | oic stempory i   | iling requiren   | ents, this dat | e will not b          | e listed        |
| ocument's effective date or, the De   | pariment of Star  | ie y records.   |                  |                  |                |                       |                 |
| record specifies a delayed effective  | date, but not ar  | effective tin   | ne, at 12:01 a.  | m, on the earl   | ier of: (b) T  | he 90th day           | nfter th        |
| i is filed.   |                   |                 |                  |                  |                |                       |                 |
| JULY 06   |                   | 2021            |                  |                  |                |                       |                 |
|   | Yauf              | 1               | -<br>Po 2. a 1   | `                |                |                       |                 |
|   | : Mary F          |                 | TU YY            | tive of a memb   |                |                       |                 |
|   | Signature of hime | THE C SCHOOL    |                  |                  |                |                       |                 |

Filing Fee: \$25.00